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VOLUME VII DECEMBER, 1914 NUMBER 12

Southern Medical Journal

Journal of The Southern Medical Association

THE TRUTH AND THE TRUTH ONLY ON EVERY PAGE FROM COVER TO COVER

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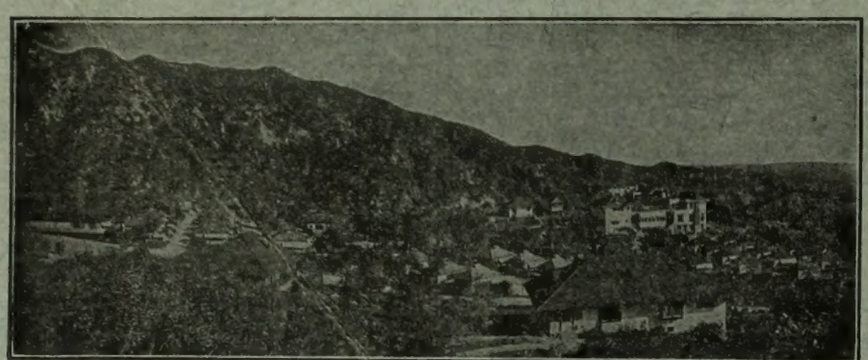

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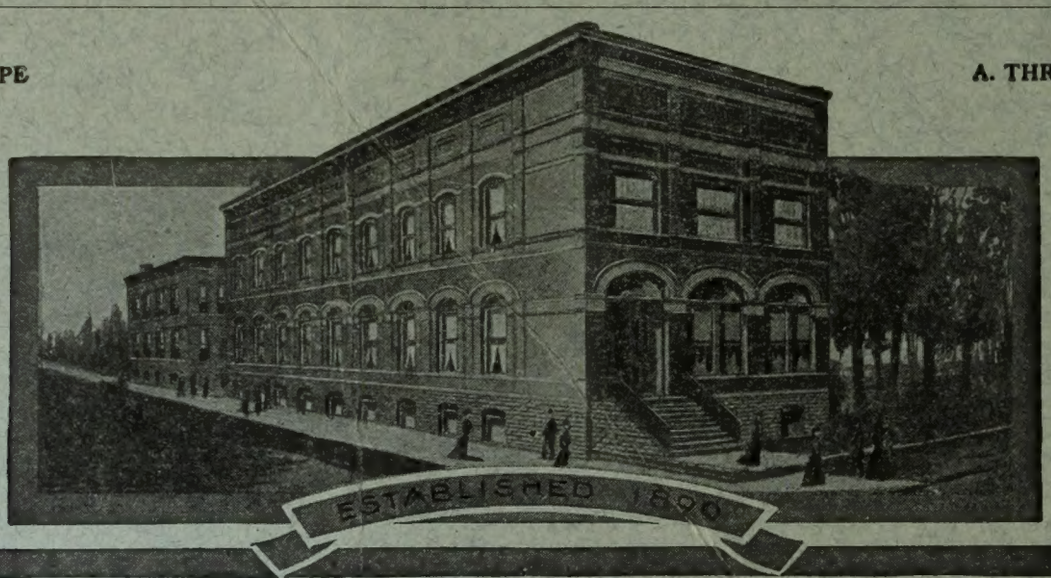

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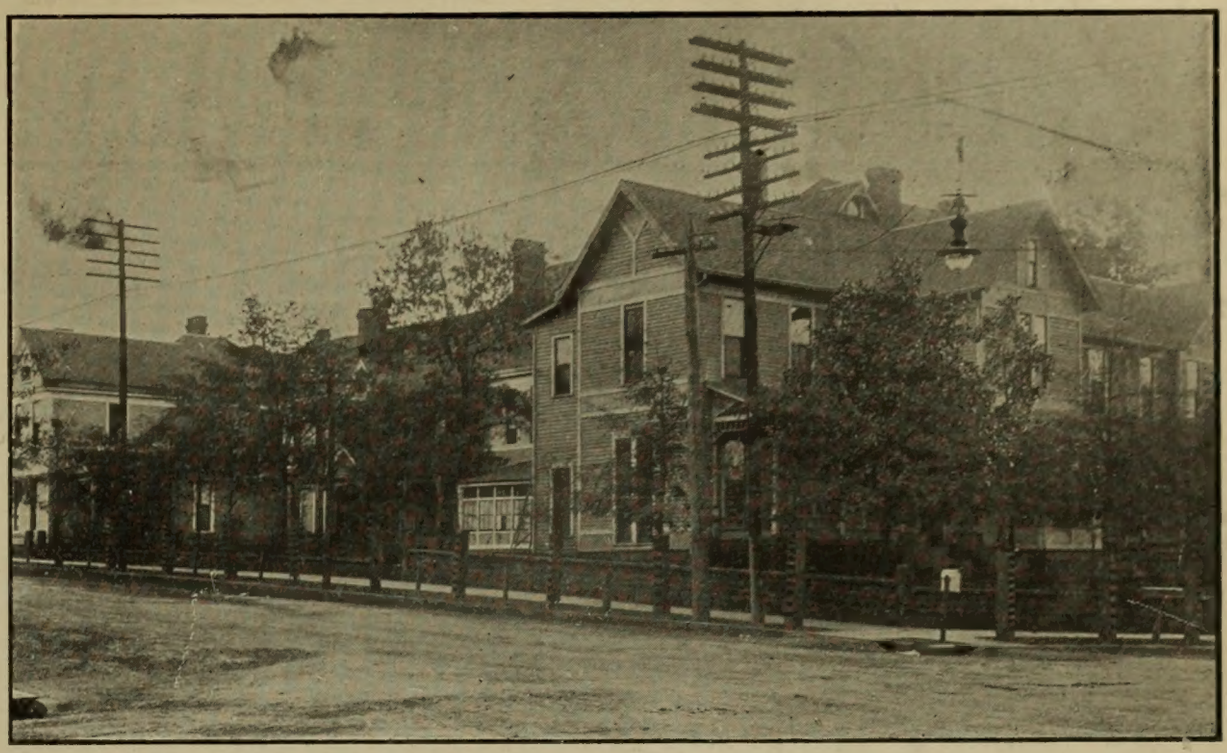

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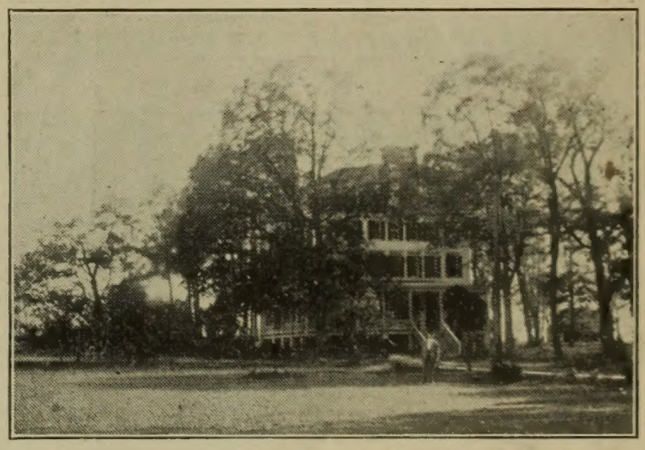

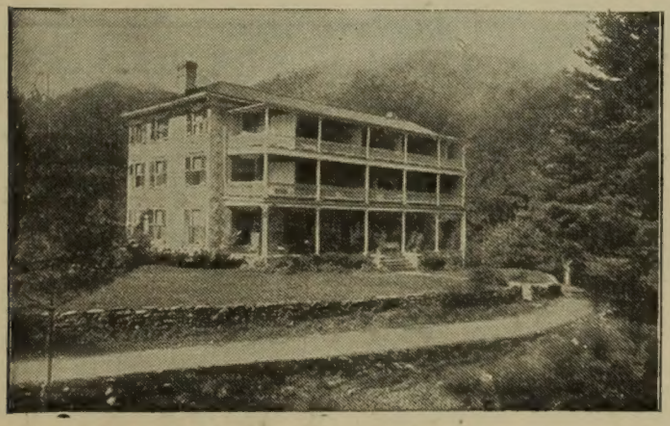

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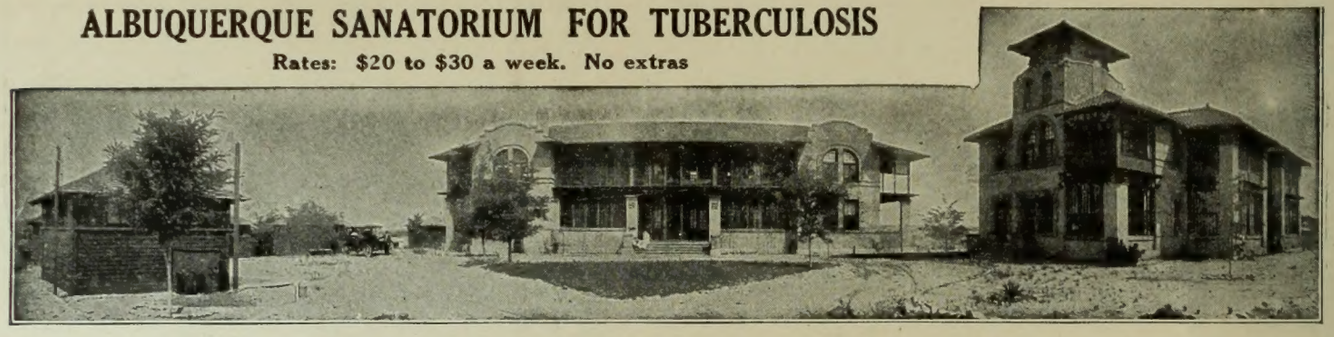

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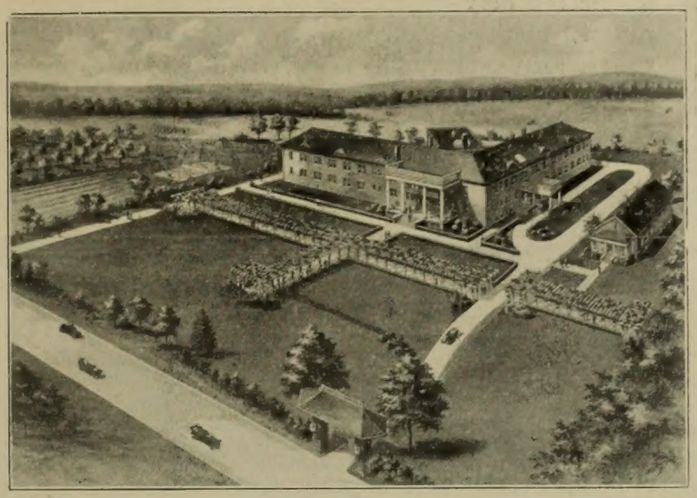

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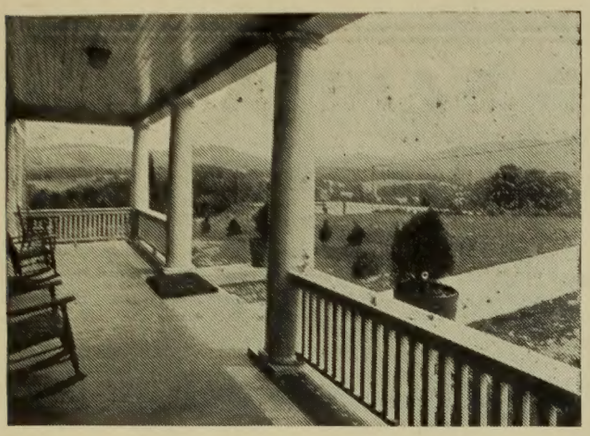

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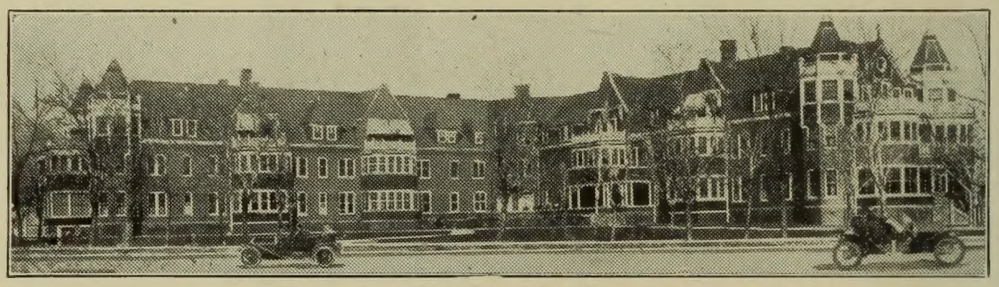

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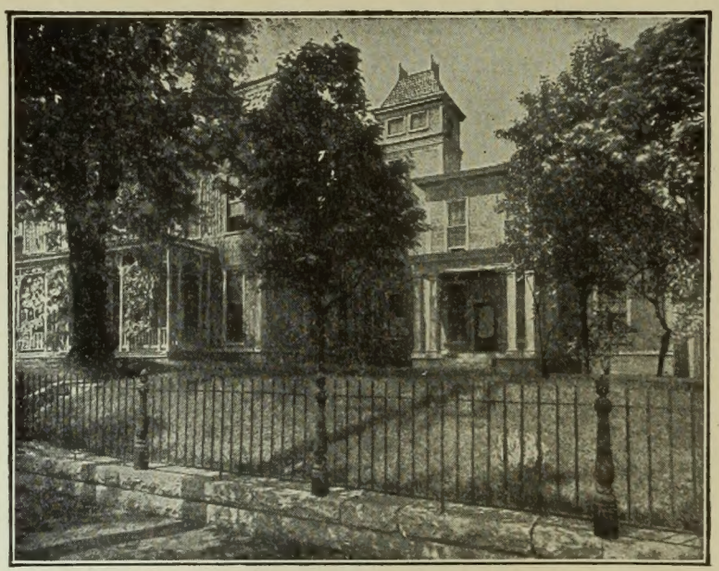

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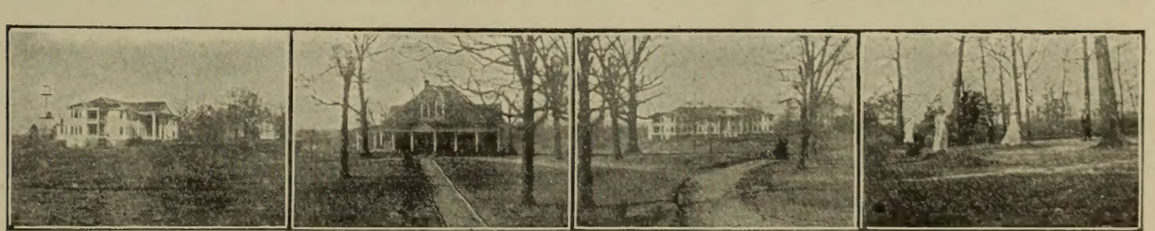

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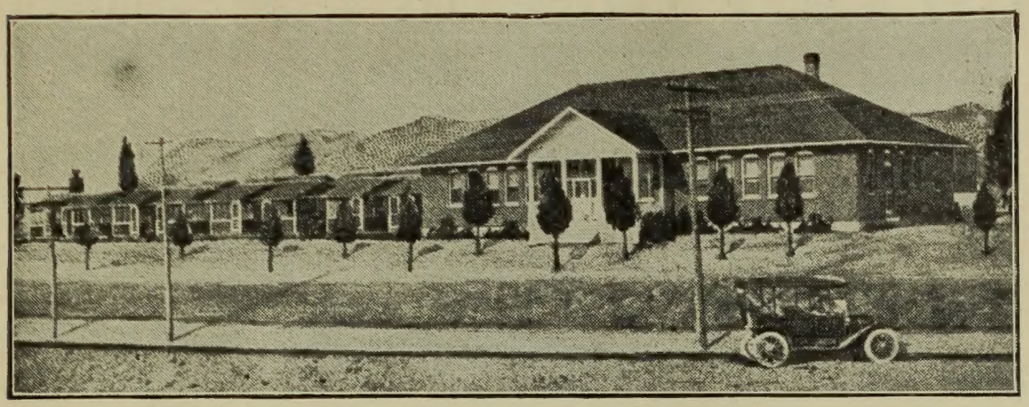

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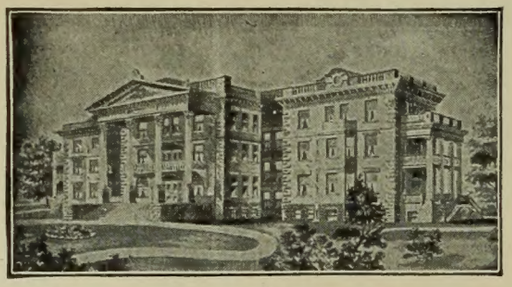

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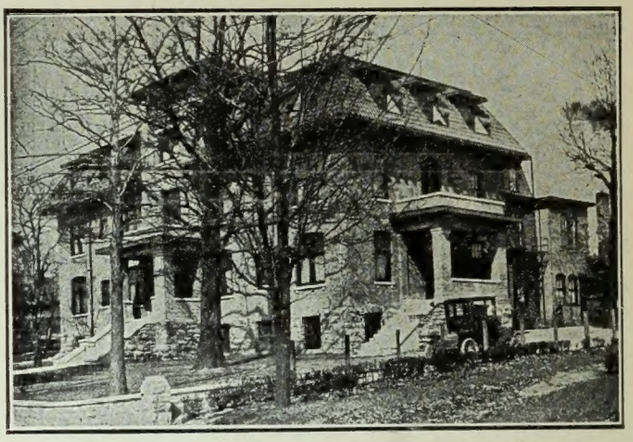

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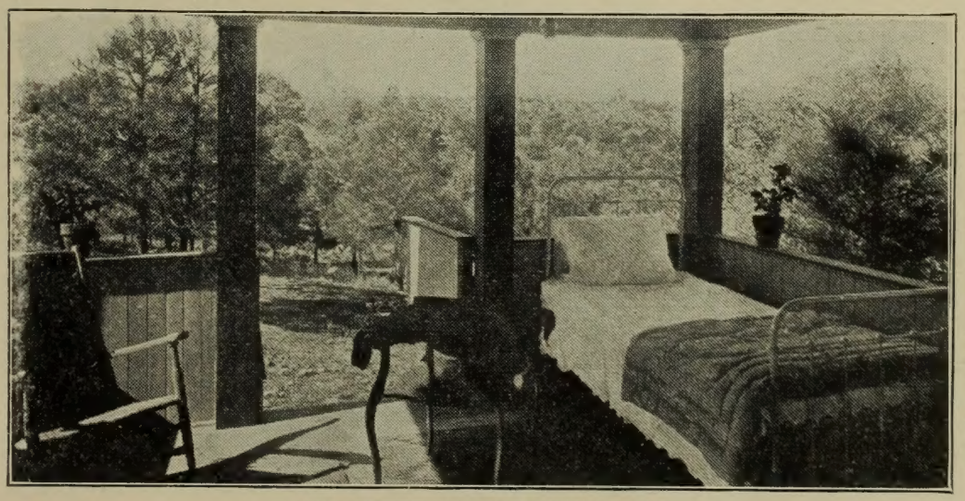

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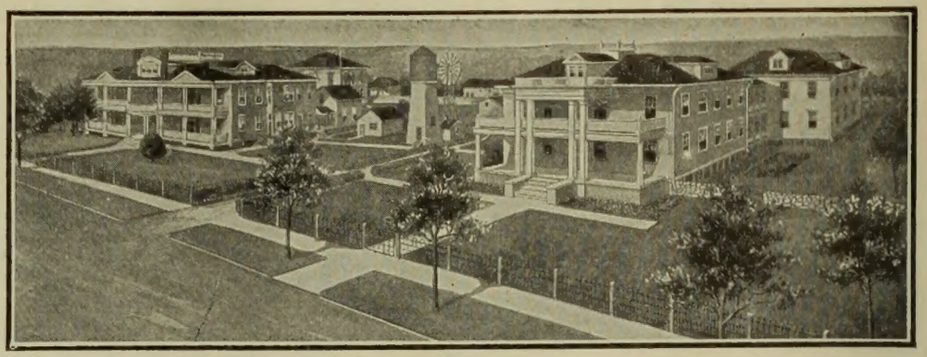

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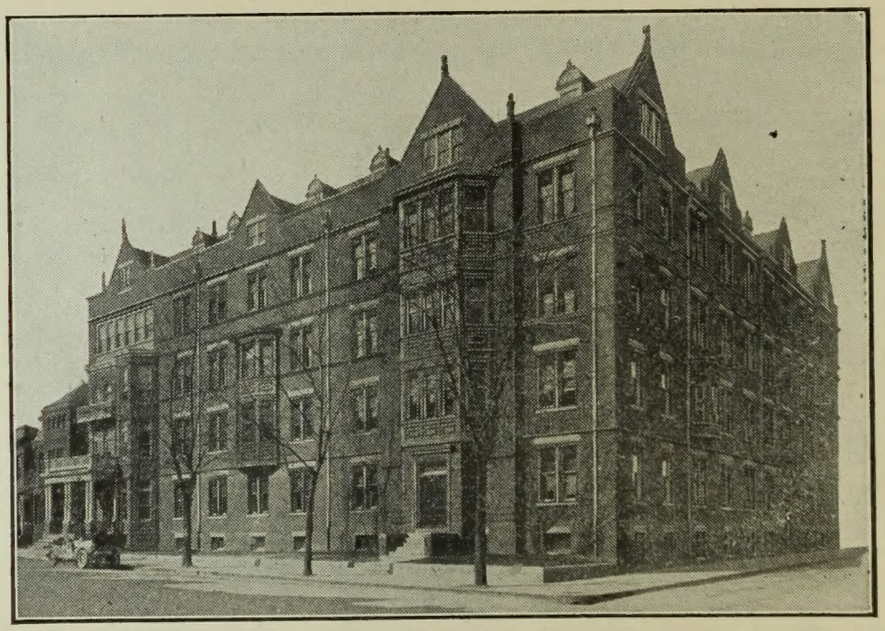

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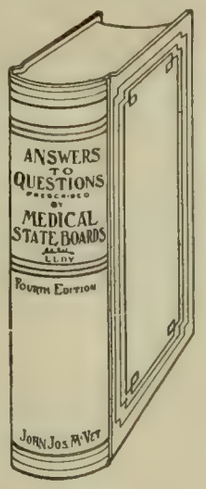

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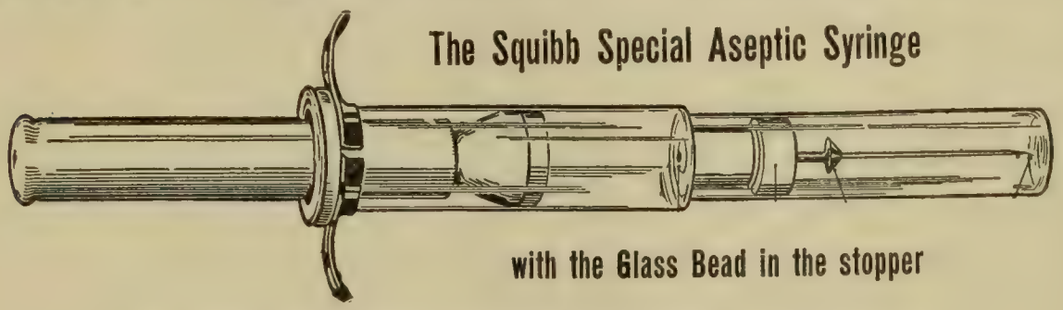

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ORIGINAL ARTICLES

THE PROFIT AND LOSS ACCOUNT OF MODERN MEDICINE.*

By Stuart McGuire, M.D.,
of Richmond, Virginia.

Mr. Chairman, Fellows of the Southern Medical Association, Ladies and Gentlemen:

My first duty is to repeat my thanks which I fear were but poorly expressed at the time of my election in Lexington, Kentucky; as President of the Southern Medical Association.

To be chosen to preside over a body of more than three thousand men, representing the best element of the medical profession in the sixteen Southern States, is a trust and honor that causes mingled feelings of humility and pride. No one elected to the position I occupy could believe himself worthy, and no one could fail to be proud of his good fortune.

It is especially pleasing to preside at a session of the Association held in my own city, and to be one of many to bid you welcome to Richmond and to Virginia.

The subject of my address is "The Profit and Loss Account of Modern Medicine." Wonderful progress has been made in medicine during recent years, but the profit has been attended by loss, which must be considered in balancing the account. In taking stock of the gain we will find inspiration for the future; in counting the cost we may guard against the undue sacrifices of the past.

MODERN MEDICAL EDUCATION.

The most distinct profit and loss in modern medicine have come about through changes in medical education, which have been accomplished largely through the efforts of the American Medical Association, the Association of American Medical Colleges, and the Carnegie Foundation for the Advancement of Teaching.

It was recognized that each year a progressively increasing number of low grade practitioners were being graduated by medical colleges and licensed by State governments. An investigation of the medical schools showed that many of them were poorly equipped, had scant clinical material and lacked sufficient funds to secure the necessary time of efficient teachers.

To remedy this evil a deliberate and systematic movement was inaugurated to lessen the number and improve the quality of the men who were being added to the ranks of the profession. By moral suasion, by State legislation and by the combination of the better schools, the entrance requirements were advanced, the number and length of the teaching sessions were increased, the character and scope of the curricula were improved, and the

*President's address, eighth annual meeting, Southern Medical Association, Richmond, Va., Nov. 9-12, 1914.

minimum number and approximate pay of the full time teachers were specified.

The result of this movement has been that in the last ten years the total number of medical schools in the United States has been reduced from 186 to 101 and the total number of medical students from 28,142 to 16,502. In other words, 85 medical schools, weak either educationally or financially, have ceased to teach, and over 10,000 medical students not properly qualified for the profession have ceased to study. And the end is not yet.

In no section of the country has this campaign been more effective than in our own. The Council of the American Medical Association, in its last report, said: "The most serious problems of medical education are no longer to be found in the South, but rather in some of the large cities of the East and North."

The benefit of this movement is already markedly seen in the medical colleges, where the qualifications of the student are found improved and the character of the instruction more satisfactory. A medical student now begins his studies with a knowledge of the elementary sciences. He is taught the fundamental medical facts in laboratory and dissecting hall by trained instructors who give their entire time to the work. When he comes to study disease, it is disease in people, not in books. He is brought to the bedside of the patient and encouraged to observe, to weigh and to decide. The new idea in teaching tends to make of the student an active investigator instead of a passive hearer, and of the teacher a sympathetic guide rather than a verbose expositor.

There has not yet been time for the benefit of the change to be very apparent in actual practice, but the lessened number and improved quality of the graduates turned out each year will unquestionably in the end result in a great improvement in the ethics and efficiency of the profession.

The profit, however, has not been without its loss, and while we congratulate ourselves on what has been gained by this educational movement, it is only just to count what it has cost. Many worthy although struggling colleges have been put out of existence and their property practically confiscated, and many earnest and promising young men have been denied an opportunity to study medicine because of some defect in their preliminary high-school or college education. Again the modern medical school is not self-supporting and is a heavy financial tax on public funds or private philanthropy. Expensive laboratories, salaries of full time instructors and the necessary provisions for clinical teaching, impose a cost that can never again be met by tuition fees. Each matriculate is an added burden, and the school of today finds itself in a vicious circle; the better it teaches the more students it gets, the more students it gets the more money it loses. If each student were charged what it actually cost to teach him, none but the rich could afford to study medicine. Doctors are a necessity, not a luxury, and as the rich do not care to become doctors, then the rich in the future will have to be educated to contribute of their wealth to make doctors. Medical education has ceased to be a business and become a philanthropic work which must be supported by State appropriations and individual benefactions.

Finally, the cost of the modern method of teaching is seen in the graduate himself. If he has not paid in money he has been made to pay in time for his education. He has been kept in laboratory, lecture hall and hospital ward, a non-producer, dependent on others for his support, until he reaches an age at which most of his contemporaries are married and settled in life. He is conscious of the sacrifice he has made, and usually over appreciative of the attainments he has acquired. He desires to be a specialist, and will only do general practice as a means to an end. He is determined to locate in a city and unwilling to settle in the country, preferring to starve

himself in the one rather than to starve his ambitions in the other.

This results in an urban congestion and rural depletion of medical men which has reached a point to give serious concern, and for which some remedy must be found. It has been proposed that special medical schools be operated to produce low-grade practioners for country consumption, but this is impracticable and unthinkable.

The remedy for the evil is to make country practice less arduous and more profitable, and this will come about in time with the evolution of our social, economic and political life. When we compare the conditions that exist in the country today with those which existed even twenty years ago, and recall the changes that have resulted from the good-roads movement, the development of the automobile, the installation of telephones, the introduction of parcel post and rural mail delivery, the improvement of the public school system, the perfection of heating and lighting plants and the invention of labor saving machinery, it is not difficult to believe that in the not far distant future, the increased population due to emigration of health and pleasure seekers from the city, and the increased prosperity due to intensified and scientific farming, will make the life of the country doctor one that will attract and hold the best representatives of the profession.

THE MODERN DOCTOR.

Having considered the profit and loss account of modern medical education, we now come to what we have gained and lost in the doctor himself. The physician of the old school was usually a gentleman by birth and breeding. He was given a classical education not because of his future profession, but because it was a privilege accorded his brothers as well as himself, without reference to their future vocations in life. His preparation for practice consisted in reading medicine for a few months in a preceptor's office and then attending lectures for one or two years at a medical college. His very lack of technical training gave him independence and resourcefulness, and with experience he gained an ability to make a diagnosis by intuition and to apply treatment, which, while often empirical was usually effective. He was no specialist, but attended every member of a household, because a family was a unit and his art was catholic. He knew the constitution of his patient because neighbor married neighbor and lived where they were born. He was not only physician but friend, confidant and counsellor as well. In his personal affairs he was unbusiness-like, rarely sending bills and accepting such honoraria as were tendered him in settlement of his accounts. In public affairs he was prominent and his views and opinions had weight in matters of church and State. He had his weaknesses and his faults. Measured by modern standards he was ignorant and sometimes mischievous, but he served well his day and generation and was a most lovable old aristocrat.

The modern medical man begins to be trained for his profession while yet a boy. His preliminary education in high-school and college is scientific rather than classical, and gives him knowledge rather than culture. When he completes his four years' course in a medical college and one year post-graduate work in a hospital, he represents an investment of time and money covering a period of from fourteen to sixteen years. He is no longer a boy, but an eminently practical man, and he regards his calling as more a business than a profession. He recognizes the fact that he lives in an age of specialization, that no one man can now meet all the professional needs of a patient, and that the day of the domination of the family physcian, on the one hand, and the dependence of the family on the other, has passed. He understands that with the freedom now customary of choosing different attendants to treat separate ailments, the factors of social position, family connection, and even personal friendship count for little, but

that a doctor is employed because he is believed to be the most efficient man available to relieve the patient or cure the disease. He recognizes the necessity of sobriety, industry, honesty and clean living, but he also knows that the public no longer measures experience by age, virtue by matrimony, or morality by affiliation with the Church, and that the first and last prerequisite for success is professional ability.

Such being the situation with which he has to deal, the modern medical man early chooses a special line of work, and devotes every effort and utilizes every opportunity to perfect himself and impress the community with his proficiency. His attitude to the public has changed, and he no longer cloaks his reasons in secrecy or his actions in mystery, but deals frankly with his patients, explains cause and effect, and secures their co-operation in carrying out treatment. The modern doctor has discarded the silk hat and frock coat of his predecessors and put on the sack suit of the business man. In a sense he has become commercial. His offices are not only provided with instruments of diagnostic precision, but also with modern methods of keeping accounts and collecting fees.

From the foregoing crude pen picture must be inferred what has been the profit and what the loss to the public and to the profession from the modern doctor. We have lost a character dear to literature, and gained a type, perhaps less ethical and more mercenary, but which is certainly a scientific instrument of greater professional efficiency.

THE MODERN SPECIALIST.

The development of the modern specialist is a source of both profit and loss to medicine. The profit is too apparent to need emphasis. The specialist, by concentration of study and limitation of practice to certain definite organs or diseases, is able in a few years to acquire greater diagnostic skill and more successful methods of treatment in his special line of work than another man of equal ability would obtain in a lifetime of general practice.

The presence of a specialist in a community, not only gives to patients suffering with certain diseases opportunities for efficient treatment, but also offers to the surgeon and general practitioner a consultant whose opinion and advice is often invaluable in the determination of the cause of obscure symptoms, and in the decision as to the therapeutic treatment or operative intervention most likely to effect a cure. While the profit side of the specialists' account is large, still on the opposite page we find some items of loss. The high esteem in which the specialist is held, the pecuniary rewards which his services command and the advertising opportunities offered by his position, have made him a victim of imitators and impostors, both inside and outside the pale of the profession, who deceive and defraud the public. Modern medicine is not responsible for the quacks and charlatans, but it is responsible for the members of the regular profession found in every town and city who claim to be specialists, but who really do a general practice, and for others who, while they may limit their work to certain diseases, are not qualified as experts, and have no more knowledge or experience in their diagnosis and treatment than the average general practitioner.

Again the specialist, although an expert, is often narrow in his views and prejudiced in his opinions, so that he finds explanation for every symptom in the derangement of the organs he treats. His patients often suffer from special attention and general neglect. Motes are pulled out of the eyes and beams are left in the belly, or the abdomen is invaded for real or supposed appendicitis and the lungs are left to fight their own battle with tuberculosis.

Finally, the specialist is an expensive friend of both the patient and the general profession. It is an every-day experience for the surgeon or general practitioner to send an obscure case, first to the pathologist for the examination of his blood, urine, sputum, feces or stomach con-

tents, then perhaps in turn to the roentgenologist, the cystoscopist, the ophthalmologist and the dermatologist. The patient goes the rounds submitting his anatomy and functions to exhaustive examinations and reports, and his pocketbook to depletion. The system is not essentially wrong. Unquestionably the patient is better cared for than formerly. To the well-to-do, while the cost is great, it is not prohibitory. To the poor, the public and private charities are open where they can get the same services, dispensed in less luxurious fashion, but no less efficiently. The real sufferer in the transition stage of rapid differentiation and delayed organization is the great middle class. Caught between penury and pride, without the price to pay, but with the desire to conceal their poverty, they are often limited to an inferior grade of service.

Team work is essential to carry out the modern system of examinations. It is best seen in the staff of a modern hospital where every patient has at his command the services of specialists in all diagnostic lines. The same principle must sooner or later come into vogue in private practice. Ultimately doctors will have their offices in large buildings instead of at their private residence. Here composite groups will unite in close business and professional association as a firm or corporation. Patients will be treated jointly, conveniently and expeditiously, and a combined bill will be presented through a central office.

MODERN DIAGNOSTIC METHODS.

One of the most wonderful gains made in modern medicine is in the exact diagnosis of disease by laboratory methods. For a time our knowledge of etiology and pathology was vague and indefinite, but, one after another, great discoverers have cleared the field and given us definite facts with which to work. Diatheses and dyscrasias, miasmatic and idiopathic diseases are no longer mentioned; the terms scrofula, blood poison and typho-malarial fever are no longer employed, and even the identity of neurasthenia and auto-intoxication are questioned.

We now diagnose the existence of tuberculosis, not by hectic fever, but by the demonstration of Koch's bacillus. We diagnose malaria, not by the therapeutic test of quinine, but by the presence of the plasmodium of Laveran. Widal has given us the agglutination test for typhoid, and Wassermann the reaction which shows the presence or absence of syphilis. The white blood count tells the degree of infection and resistance of the patient, and is not only a test of importance in making prognosis, but often indicates the proper time for intervention. The microscopic examination of tissue differentiates benign from maligant tumors, and in operations for cancer the frozen section will often tell the surgeon when he has reached the limit of the disease. The X-ray shows the existence of fractures and the position of fragments, locates the presence of stones in the kidney, ureter or bladder, and by recent perfection of technique makes moving pictures showing the passage of food from the stomach to the rectum.

The inspection of the modern laboratory is impressive to the visitor. The rows of reagents, retorts and test tubes; the microscopes, centrifuges and microtomes; the refrigerators, incubators and culture media; the polariscopes, hematocytometers, sphygmomanometers and other instruments of precision, make a layman, and even some of the profession, think that the work done and the final report made must settle all questions in a given case.

But the laboratory method of diagnosis entails a loss as well as a gain and has its dangers and disadvantages. While it is true that chemical reactions are always constant, that the microscopic field shows the cellular structure of tissue and the physical form of bacteria, and that the X-ray picture truly depicts the shadow of the object between the Crooke's tube and the photographic plate, it

must always be remembered that there is a personal and uncertain factor in the result, namely, the laboratory man who construes what he sees. A poor pathologist or Roentgenologist is worse than none at all, and even the opinion of the most experienced and proficient is occasionally wrong.

As valuable as are his services, the laboratory man is sometimes too highly regarded. Seated upon his kingly stool and surrounded by a rarefied scientific atmosphere, he tends to tyrannize the clinician. His reports are too often accepted as final in their decrees and become enervating in their influence. Owing to a tendency to lean too much on laboratory reports, case histories and bedside records, the profession is in danger of neglecting the examination of the patient. Sick people are just as instructive today as in the time of Sydenham, Addison and Bright. Laboratory data and clinical findings must be studied together. They must be compared, and one used to check a possible error of the other.

THE MODERN HOSPITAL.

The hospital, while an old institution, is modern in its distribution and function. It has lived down its stigma of a death house. It has overcome the prejudices of the masses and appealed to the pride of the classes. Practically every town of five thousand inhabitants has a hospital, and every well-regulated hospital is an asset to its community. A hospital is now accepted as the safest, most comfortable and most economical place for the seriously sick, and it is also recognized as a local centre for the dissemination of knowledge among the public, the training and education of nurses, and the uplift of the profession by the demands made for good records, through examinations, accurate diagnoses and rational treatment.

Many hospitals through a mistaken sentimentality on the part of Boards of Managers refuse to allow clinics to be held in their wards. By this prohibition they do not protect the patients from anything to which they object, but expose them to a possible danger from which they could be shielded. Experience has shown that sick people are egotists, and that the more they are examined and discussed the better they are pleased; also that the greatest safeguard against neglect or improper treatment on the part of the staff, is the knowledge that the work done is under the constant observation and criticism of students and physicians who visit the institution. The hospital of the future should not only care for its patients, but also be a centre for medical research, a stimulus for the understanding visitor, and a training-school for nurses, students and doctors.

The modern hospital, however, is not without its dangers and disadvantages, as it offers opportunity and hence temptation to members of its staff, especially those with surgical ambition, to undertake work for which they are not qualified. The following is a familiar illustration: A small town feels the need of a hospital, the women organize, raise the money and build one. The people of this community had formerly made it a practice to go to some neighboring city when in need of special medical treatment or a serious surgical operation. They are now urged to patronize the home hospital, and as that course appeals to their desire to help a local institution, and also avoids separation from family and friends, the advice is often followed. For a time an experienced surgeon is sent for to operate on difficult cases, and one of the local practioners acts as his assistant. The successful result which usually follows in these early cases inspires the community with confidence in the hospital, and in time creates a desire in the mind of the local man to do the work himself. He spends six weeks or three months at a post-graduate school, and returns with a highly embellished certificate. He performs a herniotomy or removes an appendix, and the patient does not die. He comes to be known in the community as a man of wonderful nerve.

He hopes later to drop his other work and do nothing but surgery.

The evil goes further. This newly developed surgeon has no regular assistant, and makes it a rule to get the family doctor of the patient to help him with the operation. As the physician does part of the work it seems only proper that he should get part of the fee. When this practitioner has a patient who desires to go to a specialist in a large city, what is more natural than that he should go with him, and explain that he was reluctant to come because of the loss of the financial benefit he was accustomed to receive from such cases at home; or what more human than for the city surgeon to endeavor to meet this competition by offering to split the fee in this and future cases provided it was made sufficiently large; and what more necessary than that this secret understanding between the two be kept from the knowledge of the patient. And so has come about the great modern evil of the secret division of the fee, a practice by which the doctor sells the patient to the highest bidder, and by which the surgeon robs the patient to pay the doctor. Happily this practice does not exist in Virginia, and is limited to a very few communities in the South. Wherever it does occur it is denounced in strong and unmeasured terms by the best element of the local profession.

The evil of incompetency in the shape of the unqualified surgeon, and the vice of dishonesty in the form of the secret division of the fee, are being fought in the profession by the establishment of a special organization known as "The American College of Surgeons." If the remedy is not found, action will be taken sooner or later by an indignant public through State legislation.

THE MODERN TRAINED NURSE.

The advent of the trained nurse marked an epoch in medicine almost equal to the introduction of anesthesia and antiseptics, and the name of the founder of the order, Florence Nightingale, deserves to rank with those of Long, Pasteur and Lister. The rapid and general adoption of the trained nurse was due, not only to the professional needs of the doctor, but also to the domestic necessities of the public. In times past a sick person was nursed by servants and relatives. In every family there were old mammies and old maids who had considerable practical experience in nursing, and who derived a certain morbid pleasure from the temporary authority of the sick room. The modern servant problems, and the recent migration of the unmarried female members of the family from the home to the office, did away with this supply of amateur nurses, and created a demand for the professional nurse.

At one time, especially in the South, there were but two respectable things for a young woman to do, get married or teach school. Now many avenues are open to them, and of these none is more attractive or offers greater opportunities for service than the field of nursing.

In the early part of the last century the only paid nurse was a servant, without education or technical knowledge. In America today the professional nurse is a woman of good social position, adequate general education and trained in the art of her calling by three years practice and study in a hospital.

Time will not permit an attempt to show the contributions of the trained nurse to the progress of medicine. In every department she has proved a faithful, efficient and trusted worker, without whose aid the end attained could not have been accomplished. At the bedside of the patient in the silent vigils of the night, in the operating room during the stress and strain of nerve-racking ordeals, and today in Europe on battlefields torn with shell and red with carnage, she has shown a courage, a fixity of purpose and a devotion to duty rarely equaled in either sex or in any profession.

The nurse is a woman, and therefore has her faults, but the faults are those of the woman, not of the nurse. If she is sometimes spoiled, occasionally a trifle tyrannical, and

more rarely a bit supercilious from real or supposed superiority of knowledge, it shows the weakness of her sex and not of her profession. If her services are sometimes prostituted to pamper the whims of the neurasthenic invalid, or to indulge the selfish indolence of the idle rich, it is not her fault, but the fault of our present system of living.

THE MODERN MEDICAL SOCIETY.

The medical society is an important factor in the progress and development of medicine. While some members of the profession do not appreciate the advantages to be derived from regular attendance and active co-operation in medical organizations, it is a fact that the busy and successful practitioners are usually present at all the meetings of their County, State and National Associations. This can only be explained by the fact that those of the profession, whose experience and judgment have proven to be the soundest, believe that medical meetings are profitable.

Medical societies usually hold their regular sessions in different cities, and their meetings educate and stimulate the local profession, and advertise to the laity the fact that medicine is not bound by dicta and dogmas, but is a progressive science ready to discard the old, if it is proved to be fallacious, and to adopt the new, if it is found to be of value. The meeting of a medical society enables its members to read papers, thus giving them a legitimate opportunity to show their capacity; and of presenting new and original views as to the treatment of disease, thus adding to the knowledge of the profession. It enables its members to hear papers read by others, thus giving them an opportunity to gain an amount of information they could get in no other way with so little labor and in so short a length of time. The discussions that follow these papers are especially profitable. In them is an impressive personal element that is totally lost in the stenographic report published in the transactions.

In addition to the educational and professional advantages derived from these meetings there are equally important social and personal benefits. The occasion is a holiday, a recreation, a vacation. It breaks the monotony of life and enables a man to do better work when he returns home. It offers the opportunity to meet men who are doing the same kind of work in different sections of the country, and results in pleasing and profitable acquaintanceships which often lead to permanent friendships. And last but not least, it brings together men who live in the same community, but who owing to petty jealousies or lack of time for social intercourse, see little of each other. Either in the session of the society, or in the committee room, or on the journey to and from the place of meeting, they are thrown into an intimate contact which frequently leads to explanation of misunderstandings, adjustment of differences, appreciation of good qualities, and to the establishment of the most friendly and cordial relations.

Despite the manifest and manifold benefits of the medical society, it is necessary from the profit to deduct a loss. There are many medical societies which have no right of being, and have been organized simply for political or personal motives. Originally established to give office or secure patronage for a certain group of men, they are often supported for years through a mistaken pride or patriotism on the part of their members, to the great injury of the legitimate societies whose territory they cover. There is need for a movement to standardize medical associations, and until this is done through the proper channel the profession should try to minimize the evil by withdrawing its membership from superfluous organizations. Leaving out of consideration the societies of the specialists there are but four medical associations entitled to support: the county, the state the regional and the National. Each organization should be self-governed, but each should have its representatives in the next higher body, and all work together for the common good of the profession and people.

Woodrow Wilson, in speaking of the new banking system, said: "We have developed by regions and there is every reason why we should function by regions." It is because the South has developed as a region and is drawn together by a common spirit that we are met together today. The Southern Medical Association is not a sectional, but a regional society.

THE MODERN CLINIC.

Twenty years ago it was considered derogatory to the dignity of one clinician to visit the workshop of another. To do so would be to invite the criticism of a confessed inferiority, or of a desire to spy on the work of a competitor. Then all one practioner knew of the work of the other was through printed matter, and some things that were true were not believed and some things that were not true were accepted. It has now become almost a custom for the busy surgeon and physician to devote two or three weeks of the period previously assigned for a vacation to the duty of seeing, at first hand, what his fellows are doing. At the various recognized medical centres every provision is made for the convenience and instruction of visiting doctors. No fees are charged and the veriest stranger is made to feel welcome. By actually observing the methods practiced in these various clinics the visitor is able to decide whether or not they are preferable to the technique he has hitherto employed.

Surgeons, as a rule, attend clinics more frequently than do physicians. This is a pity, for even in a strictly surgical clinic the points of greatest interest are not the methods of operating, but the explanation of symptoms by the pathological conditions found. It is a curious fact that many physicians, who would travel miles to see a post-mortem examination, will not go around the corner to witness an operation which demonstrats the same changes produced by disease in living tissue before they are obscured by terminal results. To correct the loss entailed by the failure of the average physician to avail himself fully of the advantages offered by the modern clinic the internist must learn that to keep abreast of the times it is necessary not only to study but to travel as well.

Europe, in time of peace, may offer peculiar advantages for instruction in medical subjects, but America can truly claim to have the best surgical clinics in the world. Rochester, Chicago, Cleveland, Philadelphia and Baltimore are universally known for their surgical teaching, and some of our Southern cities are beginning to be the objective points of the seekers for surgical knowledge.

PUBLIC HEALTH SERVICE.

For centuries the world suffered from pestilence and scourge. People in desperation abandoned themselves to their fate, discarded even the crude laws of the Mosaic Code, and attributed their condition to the visitation of the devil, or the wrath of an offended deity. But medical men have ever labored to discover the cause of disease, and the means to prevent its occurence. With an altruism rarely approached in other professions the physicians of the past and the present have given unceasingly of their time and labor to destroy the very source of their living.

Time will not permit a record here of the victories that have been achieved in preventive medicines, beginning with small-pox and now approaching a successful issue in the case of yellow fever, malaria, typhoid and other diseases. The recent completion of the Panama Canal, a task rendered possible only by the sanitary regulation promulgated and enforced by the distinguished member of this association, Surgeon-General Gorgas, stands as an unquestioned tribute and enduring monument to the perfection and efficiency of the measures which modern science has developed for the maintenance of health and the prevention of disease.

The public Health Service is now recognized as one of the most important departments of our general and local government. The work in this service offers the present day graduate

one of the most attractive fields open to him. It does not hold out the promise of fortune that goes with rare eminence in private practice, but it guarantees to every worker a reasonable income, the opportunity for scientific study and research, the certainty of performing a useful service for his community, and the possibility of becoming a great benefactor to the human race.

The state and local health boards are securing the service of an increasing number of the best men of the profession who are devoting their time and energies, not only to sanitation and preventive medicine, but also to an educational campaign to arouse the profession to a sense of its duty as guardian of the public health, and to acquaint the laity with a knowledge of the cause and means of preventing disease. The attendance of these trained workers and practiced speakers at the meetings of our county and state medical societies has already had the effect of raising the value of the papers read, and of making the discussions more interesting and scientific.

Public health work marked the beginning of a new era in the relations between the profession and the public. It was characterized by an effort on the part of the profession to take the public into its confidence. Its purpose was to make the people a partner in the conservation of health. A short time ago if a doctor addressed a lay audience on a medical subject, his motives were questioned. Now the profession employs every agency **of** publicity to spread the propaganda against disease. The columns of the newspapers and magazines, the walls of public conveyances, the lecture platform, the pulpit, the school and the drama warn and plead against the danger of the mosquito and house-fly, the communicability of tuberculosis, the insidiousness of cancer, and pathos of "Damaged Goods."

Publicity in medical matters has undoubtedly done good, but it has also done harm, and here as elsewhere we must record not only the profit but the loss.

The first loss is seen in the schools, for an examination of the text-books employed in physiology and hygiene will show that just as at one time the children of the South were taught false history, so now they are often taught false science. Investigation will show that these text-books are prepared by literary hacks employed by fanatical associations to impress their views on various subjects, especially with reference to the action of alcohol. No one questions the evil of the abuse of this drug, but neither the cause of temperance nor of science is advanced by untruthful statements or manufactured statistics. Another evil in the schools is the attempt to teach sex hygiene. It is a dificult question to decide in an individual case when and how to impart this delicate information. If parents hesitate to discuss the matter with their child at home, it is certainly an evasion of responsibility attended by great danger to turn the subject over to an old maid teacher to deal with in a mixed school.

The second loss from the general information given the laity on medical subjects is seen in its effect on women. Matters are now discussed in a mixed audience with a freedom and frankness that would have been thought unbelievable a generation ago. Beginning with co-education and equal suffrage, subjects suggestive of sex differences, the field of activity of the female mind has broadened, until now the average high-school girl is more or less familiar with the problems embraced under the terms eugenics, race suicide, the social evil, the age of consent, the white slave traffic and the regulation of the red light district.

The woman of today has lost her prudery. Let her beware lest she lose her modesty as well! If such should prove the case it would be necessary to change from the credit to the debit side, the balance now found in "The Profit and Loss Account of Modern Medicine."

ON THE IMPORTANCE OF FUNDAMENTAL METHODS OF PHYSICAL EXAMINATION IN THE PRACTICE OF MEDICINE.*

By William Sydney Thayer, M. D.,
Hon. F. R. C. P. I.
Baltimore, Md.

To one who loves to turn his eyes backwards and to study the past, the rapidity with which our knowledge of pathological processes and of the methods of clinical study have come into being is very impressive.

It is less than a century and a half since pathological anatomy was founded by Morgagni and Bichat—since Auenbrugger "invented" the art of percussion. It is less than a century since Laennec devised the stethoscope, the precurser of the many instruments of precision on which we now depend for the acquisition of information indispensable for the intelligent practice of our art.

In this short scrap of time in the world's history, the advances made in our knowledge of the natural sciences and their application to the study and prevention and treatment of disease, the evolution of instruments of precision, the stethoscope, the ophthalmoscope, the laryngoscope, the thermometer, the clinical and pathological application of the microscope, the various instruments for the study of the blood, for the graphic registration of cardiac and respiratory action, the development of bacteriological and serological sciences, of the new organic chemistry and its application to the study and treatment of disease, of radiography, electrocardiography—all these discoveries and advances have transformed that which was once described as a "conjectural art" to an edifice based upon firm scientific foundations. And these solid scientific foundations have given to the diagnostic, prognostic and the therapeutic arts a degree of certainty of which we never dreamed but a few years ago.

To one who can look back over even so short a period as a quarter of a century how impressive is the consideration of the changes in his attitude toward many of the common conditions with which we meet. Let us consider for a minute the contrast between some of the emergencies of those days and of the present. How great used to be our uncertainty and anxiety concerning the nature of the severe tonsillitis with glandular enlargement suggesting a possible diphtheria. Today, by means of cultures, the nature of the process may be determined inside of tweny-four hours.

Consider again our attitude with regard to the diagnosis of various continued fevers, of the hopeless confusion which existed in this country and elsewhere as to the use of the term "malaria," of the endless discussions which used to take place in our medical societies with relation to the supposed specificity of the fevers in this, that or the other district, perhaps closely contiguous one to another. And then consider how quickly often the various microscopical, bacteriological and serological investigations bring certainty as to diagnosis and point the way to proper and efficacious treatment.

Consider the feeling of depression that used to possess the mind of the physician consulted by an individual with rather obstinate sciatica or so-called "muscular" pains in his back, with regard to the cause of which we were totally ignorant. Consider the frequency with which some of us used to make the diagnosis of "myalgia" or "muscular rheumatism" and the infrequency with which we find it in our records today. I was amused to find in my consulting room index six diagnoses of myalgia within the last five years and thirty-six within the ten years before out of smaller annual clinical material. To what is this change due? It is largely due to the information which has been given us by radiography, which has enabled us to detect in a considerable pro-

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portion of these patients the organic spinal changes which are at the bottom of the condition, changes the detection of which often gives us the key to proper treatment. Many individuals with sciatica who ten years ago one could only have condemned to months of rest in bed, may now be relieved in a short time by simple and proper treatment directed toward the spinal changes which are responsible.

Was there anything twenty-five years ago which brought a sadder and more hopeless feeling to the mind of the doctor than a visit from an individual with a low grade of progressive, chronic arthritis? We always, of course, realized that occasionally such cases were arrested in their course, but in most instances we could look forward only to a slow, steady progress with remissions and exacerbations. Today such patients present to us an interesting problem for solution with good hope that if we may discover the chronic focus of infection which is usually at the bottom of the malady its radical treatment will be followed by an arrest, perhaps even a recovery from the disease, and the unfortunate patient who used to be treated by all sorts of local applications to the joints and by all manner of dietary proscriptions which sapped his strength and added to his suffering, may now look forward with good hope to a relief from his malady.

Consider the patient with cardiac disease—with some form of arrhythmia, concerning the nature of which but a few years ago we had no knowledge whatever. Today by means of polygraphic investigation and the electrocardiograph we are beginning to gain some real knowledge of the localization of the seat of the malady comparable to that which we have learned in connection with cerebral localization, and we have already gained most valuable information of a prognostic and therapeutic nature.

Consider the condition of the individual who comes to one today complaining of loss of weight, of indefinite febrile symptoms in whom perhaps some latent tuberculosis is suspected. How early by means of bacteriological methods, by skillful application of the tuberculin test and by the radiographic examinations—how early now can we detect the existence of the malady, how much information can we gain as to its activity. Or on the other hand, what a relief may be the confident assurance gained by such methods of precision in diagnosis that these suspicious symptoms are not due to tuberculosis. How often in such patients is one able by careful search to discover the small focus of infection in sinuses, posterior nares, tonsils, genito-urinary apparatus perhaps, which has been at the bottom of the whole trouble, the relief of which may be followed by immediate recovery.

How little we fancied twenty-five years ago that tonsils which externally showed little that was strikingly abnormal in appearance might be the seat of local foci of infection which so depress the vital forces of the individual and produce such manifestations as to give rise to the diagnosis of pulmonary tuberculosis. And yet, such instances are by no means very rare.

What a blessing it is that today we are able to pick from the group of otherwise hopeless chronic diarrhoeas those occasional instances dependent upon anacidity of the gastric juices which may be entirely relieved by treatment, or those other cases dependent upon amoebic infections which yield so wonderfully to the use of ipecac.

With what certainty does the intelligent use of radiography allow us to recognize early thoracic aneurysm or mediastinal growths under clinical conditions which might not in times past have led even to the suspicion of their existence? How many otherwise unaccountable headaches may today be explained by the application of modern physical methods of exploration of the sinuses and of the brain? Of what incalculable value are the newer serological methods for the recognition of syphilis?

But it would be an endless task to enumerate

the advances which have within the past twenty-five years so brightened the practice of medicine.

The number and delicacy of the different investigations which must be made in order to reach a definite conclusion as to the cause of many common complaints has, however, seriously complicated practice. Many of these investigations can only be carried out in a large city and by men who devote themselves to special fields of study. And even here the expense and the time involved may be trying and burdensome to the patient. In many cases the proper study cannot be made.

It is, however, most important to remember that the information given by these instruments and methods of precision has explained and clarified many clinical phenomena which previously had been incomprehensible to us. And much of the information which these procedures give us can now be obtained by the simplest clinical observation. Nowhere is this more striking than in the study of cardiac irregularities. But a few years ago the causes and nature of cardiac arrhythmias was quite unknown. The newer anatomical and physiological studies, the introduction and perfection of polygraphic and electrocardiographic methods have given us a very considerable amount of information, which is not only of diagnostic but of great prognostic and therapeutic value. We are able to recognize with considerable accuracy, irregularities due to respiration, extra systoles of various sorts, disturbances of conduction (heart block), auricular fibrillation with its characteristic pulse phenomena, and in some instances auricular flutter as well as alternating and truly intermitting pulses. But comparing the results of these studies with that which is to be observed at the bedside, it becomes clear that most of these conditions may be recognized with a considerable degree of accuracy by the simpler methods of inspection, auscultation and percussion. By combining auscultation with the palpation of the carotid pulse and the observation of the venous undulations of the neck it is usually possible to detect extra-systolic irregularities and even with some degree of accuracy to separate different kinds. Auricular fibrillation is often easy to recognize without instruments and even auricular flutter may be suspected. Heart block may be recognized in many instances, and with intelligent observation the practitioner armed with nothing but a stethoscope may recognize and treat most cardiac irregularities as well as he who commands a polygraph and electrocardiographic apparatus.

Consider again the great help given by the modern and more accurate methods for measuring and registering blood pressure by use of the sphygmomanometer. But here again the assistance should be, as it were, retro-active. For one who uses the sphygmomanometer to educate his own finger may gain considerable skill in the estimation of the pressure when the instrument is not at hand. Indeed, the sphygmomanometer has gone far toward reviving the study of the pulse, which had in some quarters become seriously neglected with the development of the arts of percussion and auscultation of the heart. It would be difficult for me to determine whether the sphygmomanometer had been of greater use to me in the accurate recording of pressures or as a means of educating my own finger. I rarely register a blood pressure in my consulting room or in the hospital without previously recording my own estimate by means of the unaided finger.

Radiographic examinations have, as has been previously said, given us valuable information in many branches of medicine, but the comparison of information which we thus gain with that which we observe clinically has taught us properly to interpret much which the simplest observation may reveal. Thus, in lumbago or sciatica the character of the limitation of movement, the muscular spasm, may often give us in themselves sufficient evidence to allow us to institute proper treatment, to apply the proper corset or bandage or sup-

port. In disease of the antrum, frontal sinuses and even of the ethmoid, simple transillumination will often reveal as much or nearly as much as we may make out by the more elaborate radiographic methods, and the realization of the wide significance of chronic naso-pharyngeal infection has emphasized the great importance of large glands at the angle of the jaw as evidence of persistent infection in tonsils, sinuses or naso-pharynx.

The microscope has given us proof that true malarial infection yields quickly to quinine.

The various microscopical, bacteriological and serological tests have emphasized the truth that the common continued fever all over this country is typhoid, and have greatly simplified the diagnosis even where we cannot avail ourselves of the more definite information offered by those tests. It is, or it should be true that instruments and methods of precision in diagnosis are calculated indirectly to improve the diagnostic abilities of him who is yet unable to have recourse to the assistance which they may give. By the simplest methods of physical diagnosis we can determine with a considerable degree of certainty infinitely more than we could a few years ago. The general practitioner of today ought to be an immensely better physical diagnostician than he was thirty years ago.

There are other influences which today tend greatly to broaden the practitioner of medicine. I refer to the widespread dissemination of good medical literature. The Journal of the American Medical Association, especially with its excellent reviews of current lierature, and its critical editorials, brings to physicians all over the country information as to the recent advances in the medical sciences and as to the value of the newer methods of precision in diagnosis and in treatment, and the work of the Journal of the American Medical Association is greatly supplemented by such admirable publications as the monthly journal of our own society. Thus it has come about that the average physician is today a far better informed man than was his predecessor of but a few years ago.

But may it not be perhaps that there is another side to the picture. May it not be that too great a reliance on these various diagnostic tests or on the information afforded by instruments of precision may sometimes lead us to overlook or neglect those simpler methods of observation and examination which are of prime importance for an appreciation of the condition with which we are occupied. I fear that with all of us, especially in the cities, this is a real danger. It is a danger that has constantly impressed itself upon me as I associate with undergraduate students of medicine and with my colleagues. I would not say that the art of physical diagnosis has suffered from the multiplication of finer diagnostic tests and methods, but I do feel very strongly that the skill of the average young practitioner of medicine in the art of physical diagnosis in its restricted sense has not improved of late years as it should have improved with the better opportunities for observation and experience offered by our schools of medicine. The young physician of today may be a man of far wider general information than he used to be, but too often he is a man of no greater practical diagnostic skill. The practice of medicine is an art which is perfected only by long and careful experience and observation at the bedside; nothing can take the place of bedside study; the diagnostic art cannot possibly be acquired from book, lecture or laboratory. The foundations once acquired, and they can only be acquired by patient practice and observation, there is room for the more elaborate super-structure, but a super-structure of wide general information is of little value to a physician who is not skilled in the practical application of the simpler methods of clinical research which can be carried out by the unaided eye, hand and ear.

It is impossible for any man to be equally perfect in all branches of medicine. That which is important for us as practitioners is a solid

knowledge of the scientific foundations of our art and of the fundamental methods of clinical investigation which we must use every day—a knowledge which can only be gained by long practice and experience at the bedside. Beyond this we must have a sufficient acquaintance with the progress of medicine and of the newer methods of laboratory investigation and research to enable us to practice such of these as we can, to recognize the necessity of having others assist us in those which we cannot, and to learn to reap from the application of these various processes of examination the broader conclusions which the results of more elaborate and precise methods of study have justified. But our knowledge of recent literature, of the newer methods of laboratory investigation and their significance will be of little value to us if we are unable intelligently to apply the simpler arts of auscultation and percussion.

The sort of man who is widely read and can discuss intelligently the problems of medicine, but who is ill at ease at the bedside is familiar to most of us. I remember well in my early studies in Europe two men who occupied professorial chairs in a celebrated university. Both of them were learned men, one a man of special distinction whose name is widely known today in medical literature. The other was a man who occupied a somewhat less prominent position, one who during his life wrote little and whose name excepting to those who studied under him is today by no means so widely known. Prof. X gave admirable clinics, wrote much and edited large treatises. His word was everywhere quoted and he was interested in an academic way in the broader questions which presented themselves in his service. He had an acute and well-trained mind and made valuable contributions to medical literature, but he was not a good practical physician. He was not so much at home with the individual case as he was with the general problem. In the pathological laboratory the uncertainty of his diagnoses was of common report. He was a distinguished student and a great authority in medicine, but he was not a good doctor. He would have made an indifferent practitioner of medicine. His colleague, Professor Y, was a man of much less general reputation who, as I have said, had written little, indeed, to the end of his life his contributions to medical literature were surprisingly small. He, too, was a man of wide reading, but he lived in his wards and laboratories and followed every fatal case to the pathological institute, where he discussed the problems with his students and registered definite diagnoses in all instances—diagnoses the accuracy of which was proverbial. He was a great doctor. The contrast was striking, the one a learned and prolific student but a poor practitioner of his art, the other a great physician. As teachers of medicine both played important roles, but as practitioners there could be no comparison between the two.

That there is a great field for men of both of these types in our schools of medicine and in our universities is probably true, but among practitioners of medicine there is room only for the good doctor.

In these days when the tempter in the shape of the avid publisher stands at every corner, the ambitious doctor is sometimes too ready to rush into print. 'Tis true that by writing books to order, as it were, he may gain a certain reputation. But no mere writer of treatises no matter how widely known his name may be, can leave the mark on posterity that such a man as Schoenlein left in Berlin, or the modest Potain in Paris or the elder Janeway in New York—all men who wrote little but were true clinical students and great physicians.

The practice of medicine is not a science; it is an art based upon scientific foundations, and unless we are well trained in the practical side of our art we shall lack the ability to elicit that preliminary information from which our scientific training will allow us to draw the proper conclusions. The gravest fault in the American practitioner of medicine today lies,

I believe, in the tendency to rely upon various diagnostic tests furnished by the laboratory and special instruments of precision, while ne neglects the invaluable information which he can gain from a thoughtful consideration of the resuts of the simpler and more easily practiced methods of physical diagnosis.

Let me cite a few examples illustrative of the manner in which the diagnostic and therapeutic arts may suffer from a thoughtless reliance upon individual diagnostic tests and the neglect of fundamental methods of physical examination. Perhaps the commonest and one of the most painful instances of the blind reliance upon a diagnostic test is afforded by the occasional attitude of some of our colleagues toward the result of the examination of the sputa for tubercle bacilli. The presence of tubercle bacilli in the sputa reveals the existence of a so-called "open tuberculosis." But is their absence evidence that tuberculosis of the lungs does not exist! Of course not. And yet, as one of my colleagues especially engaged in this branch of practice said to me but yesterday, patients are frequently brought to him with advanced tuberculosis who have been confidently assured by their physicians that they were free from the disease because of their inability to find the positive proof of the existence in the shape of tubercle bacilli in the sputa. In almost all of these patients a careful physical examination would have revealed changes in the lungs which a man of experience would have recognized as almost inevitably tuberculous.

A positive Widal reaction and the cultivation of typhoid bacilli from the circulating blood afford us strong or positive evidence of the existence of typhoid fever, and these diagnostic procedures have proved an enormous help to the physician. But it is, alas, all too frequent today for one to rely largely upon these tests for diagnosis. The cultivation of the bacilli from the blood may fail, and the Widal reaction may not appear until late in the course of the disease, and indeed it may be absent throughout the febrile period in instances in which the skilled clinician could scarcely fail to recognize, at least strongly to suspect the malady in the absence of any bacteriological or serological tests.

Now in all such tests there are possibilities of error in the laboratory, and especially in some large public laboratories under political management one should be somewhat guarded in placing too much reliance upon the results obtained, negative or positive. Blind confidence in such tests may lead sometimes to strange and pathetic errors of diagnosis. I remember very well a few years ago seeing a patient with ulcerative endocarditis in which the symptoms were in every way characteristic—the anaemia, the high intermittent fever, the chills, the leucocytosis, the evidence of valvular lesion—everything was there, but the physician had made a diagnosis of typhoid fever because the Health Department had reported a positive Widal reaction. There was not a point in the history of the case, not a symptom, not an appearance suggestive of typhoid fever. Everything should have led to a correct diagnosis; but the physician had satisfied himself by sending a specimen of blood to the Health Department and neglecting those other simpler general methods of examination which should have led immediately to a correct conclusion.

A few moments ago I referred to the diagnostic and prognostic value of the information afforded by the sphygmomanometer. The ability accurately to measure the blood pressure is a considerable assistance, but there may be, and I fear there are some to whom the instrument has not been an unmixed blessing. With a ready means of estimating the blood pressure at hand, such individuals may come to place their whole reliance upon it and quite to forget that nine times out of ten the unaided finger may give them the same information.

Now so long as men have practiced medicine, the pulse has been consulted for information as to the condition of the patient. The diagnostic significance of high and low pulse tension has been well appreciated for years and

the detection by the finger of the hard pulse of high pressure has led many a practitioner to the recognition of an early chronic nephritis, and has enabled him to point out to the patient the desirable precautionary steps in treatment. But today the ability to record pressures in millimetres of mercury has given the blood pressure a position of such importance in the minds not only of the laity but of some physicians that it is only too common to see unnecessary and even dangerous treatment directed toward this one symptom without consideration of what its relation may be to the underlying malady. I am sure that I have seen uraemia directly induced by the inconsiderate administration of the nitrites in chronic nephritis.

In such circumstances as these it can hardly be denied that reliance on a single test has tended to obscure rather than to clear the picture, to harm rather than to help the patient. But this is not a new story—we can find examples of the same sort in connection with every step forward in the diagnostic art.

I wonder whether anyone in this audience has read William Withering's "Account of the Fox Glove," and remembers his interesting relation of the manner in which he learned to use this most valuable drug. Those who have read it I am sure were impressed, as I was, that Withering with his extremely limited knowledge of physical diagnosis was yet as skillful or even more skillful in his method of using digitalis than many of us are today. Withering and many who followed him administered digitalis because of certain general symptoms which the patient showed and because of the character of his pulse, and from careful clinical observation, they learned how to regulate the dose. But with the development of the art of auscultation and percussion, with the acquisition of the means of recognizing the different valvular diseases of the heart, many physicians have in the past neglected greatly the proper consideration of the character of the pulse and of the general condition of the patient—many men have come to treat the patient rather according to the nature of the valvular lesion in the heart than because of the state of the circulation in general—to treat the disease rather than the patient. William Withering would in all probability have been wiser in his treatment of many patients than some of us who were taught to give digitalis according to book rules based upon superficial physiological generalizations, rules for instance which forbade the use of digitalis in aortic insufficiency. Our ancestors used digitalis not according to the nature of the cardiac lesion, but as a result of the consideration of certain gross general symptoms. Many of us in like cases have been in the habit of exercising our technical abilities in establishing a diagnosis, and at this point have practically ceased to use our minds, accepting mistaken generalizations as to the indications for treatment, and often I am sure we have been poorer doctors than our great grandfathers.

I have spoken of the danger of placing too great a reliance on diagnostic tests and the neglect of the practice and consideration of the simpler methods of physical diagnosis as a widespread danger to all of us in the present day. By taking the short cut to a diagnosis, by accepting the results of the work of others and neglecting the use of our own eyes and ears and fingers and minds, we may greatly diminish our usefulness as physicians.

The establishment of a correct diagnosis, the first stage in the rational practice of medicine, may justly be regarded as the most important part of the physician's art. For without a diagnosis, or at least without the ability properly to consider and to weigh the possibilities and probabilities in a given situation, treatment of the patient must be unsatisfactory, suitable protection of the family and the public difficult, to say the least, and reasonable prognosis impossible.

The making of a diagnosis requires trained powers of observation, skill in the fundamental arts of physical examination, inspection and auscultation and percussion, as well as a knowledge of the use of a large variety of in-

struments of precision for the investigation of individual symptoms. But above all, it requires a mind which through experience as well as training, is capable of weighing and appreciating properly, the different manifestations of disease and the results afforded by various tests of function, so that in the end from a multitude of what may apparently be contradictory symptoms, the fundamental seat and nature of the malady whence all these disturbances of function have proceeded, may become evident. No book, no lecture, so simple demonstration can teach the student the all important diagnostic art. With a good comprehension of the physical basis of the methods of auscultation and percussion, by the use of his eyes and his hands and his ears, he can detect many gross physical and some finer functional and organic changes. By the microscope and a variety of relatively simple physical and chemical methods he can detect important changes in secreta and excreta. But this is but the beginning. Unless upon the basis of experience, pathological and clinical, he is able properly to correlate his anatomical and functional observations with known pathological conditions and to use his mind intelligently, his work will have been for naught. There are few diagnostic tests in medicine, and of these the physician is not commonly able to avail himself. It is not from one or two or three points that the diagnosis is generally reached, but from the judicious consideration of a large amount of information. Much of this information—the most important part of it—is still to be obtained by the simpler bedside methods, and it is only by the assiduous practice of these methods that skill in diagnosis may be acquired.

The part of experience in diagnosis is very large and such experience can be acquired by all who earnestly seek it, but experience requires the continuous practice of physical examinations and the habit of thoughtful reasoning concerning the results of one's observations.

It is, I believe, very largely the fault of the teaching of medicine in our schools that the simpler arts of physical diagnosis are not more intelligently practiced. In almost all such institutions the instruction in physical diagnosis in its restricted sense is given over to young men—men of limited experience. The full professor gives lectures or demonstrations upon general or special problems and perhaps makes visits in the wards, but he does not—he cannot often afford to give his time to the teaching of auscultation and percussion and to the discussion of the conclusions which may reasonably be drawn from the practice of the simpler physical methods of examination.

But, as Friedrich Muller has somewhere said, it is just here in the teaching of the fundamental arts of percussion and auscultation that the professor, a man of wide experience, can do his most important work. The arts of auscultation and percussion should be taught by the most experienced men available and every step should be taken to impress upon the student that it is on the practice of these methods that he is to place his main reliance in the future. My colleague, Prof. Janeway, intends this year to give a considerable part of his time during the third trimester to teaching personally the students of the second year class the essential principles of physical diagnosis.

Schools of medicine should moreover offer and insist upon a considerable amount of actual clinical experience before granting the degree of Doctor of Medicine. In this respect our schools are advancing rapidly, but there is still much room for improvement. The necessity of the so-called clinical year is, however, today widely appreciated.

But it is not only in our schools that steps may be taken to improve the practical clinical education of the young physician. All states should today demand evidence of a sufficient clinical experience before granting the license to practice. Practical bedside examinations should be instituted to test the clinical ability of the applicant; and these examinations should be conducted by trained clinicians, at best teachers of medicine—for after all 'tis the

teacher of medicine who can best understand the young physician and can best judge what he ought to know. It would not be a bad idea as I have said elsewhere, if these examiners were, after the British custom, invited from other states—a procedure which would tend to obviate mutual suspicions of partiality among the graduates of rival institutions.

But whatever the particulars of the arrangement, practical tests of the clinical abilities of the applicant for a license should be carried out throughout America.

The young practitioner of medicine should realize that the most important part of his armamentarium on the beginning of practice is not so much a varied assortment of instruments of precision, desirable though they may be, as a consulting room in which there is a simple couch long enough to allow the patient to lie in an attitude of complete relaxation, and placed in such relation to a window as to allow him to lie in a bright light. This is a most vital necessity for any doctor of medicine. No man who depends for the examination of his patients upon a high combined operating and examining table with extension foot pieces, so commonly the only couch in the physician's office—no man who depends upon such a structure alone can succeed in making himself a good physical diagnostician.

And the student should have it well impressed upon him that he must in his practice make physical examinations whenever it is possible; and it is generally possible. It used to be said that it was a difficult matter for the young physician to examine his patients, that such examinations were not allowed excepting on the occasion of a formal consultation, but these days have passed. For one patient that the young man may lose he will gain two if he insists on making thorough examinations and refuses the easily written prescription until he is sure of his ground.

There is one very important way in which the young man may acquire experience and that is by seeking service in the ever increasing free dispensaries which exist in most of our cities. These dispensaries offer invaluable opportunity for the ambitious man. In nearly twenty-five years that I have now been in Baltimore it has been a matter of great interest to me to see how invariably as a rule the experience gained by those men who have been assiduous in their dispensary work has been appreciated by the public. The poor who come to the better dispensaries are examined and studied in a fashion far more thorough than is practiced as a rule by the physicians who live among them, and many individuals seek advice at free dispensaries because they appreciate this circumstance. They could often afford to pay a small fee but they come to the hospital because they are not blind to the truth that they receive there better attention than they do at home. But let the well trained young man who has acquired experience by dispensary work take up his practice in such a community and it will not be long before many learn that this doctor examines them and practices those methods of study with which they have become familiar in the hosiptals, and when they can find such a man they turn to him. And so it is in all fields of practice.

But I have said enough. Some, I fear, may feel that I have abused my opportunity by repeating old and self-evident truths. They are certainly not new, and to some they may be self-evident, but they are, I believe, truths, and they have their importance—and so let me summarize once more the thesis which I would emphasize.

To be a good physician one must be skilled in the fundamental arts of diagnosis. To be skilled in these arts one must have practice and experience.

It is the duty of our schools of medicine to see to it that these arts are taught thoroughly and by trained and experienced men. Moreover the student should be offered a considerable measure of practical experience in wards of a hospital before his graduation.

It is the duty of our states to demand that this experience shall have been had, and to

after tests under the control of competent men before granting the license to practice. And which may prove that it has been profited by lastly the physician who wishes to become all the information he may gain from diagnostic tests and instruments of precision, it is only by continued, daily, clinical observation and study by the old familiar bedside methods that he can gain that experience which will train and ripen his judgment so as to make of him a competent and skillful clinician.

THE CONSERVATION OF THE CHILDREN IN OUR SCHOOLS.*

By J. L. Bowman, M. D.,
Union Springs, Ala.

The children of today are the men and women of tomorrow. For years we have depended on our schools to prepare them mentally for the economic positions they are to occupy in the state and nation, but only recently has it been recognized that the developing physical organism of the child demands equally careful attention in order to attain the best results from our efforts at education and that sturdy citizenship to which we are aspiring.

The medical profession has occupied itself with the great problems of the reduction of infant mortality and the prevention of disease, and great advances have been made, yet there are great avenues open for our investigation and labors in the study and protection of child life which will add much to our knowledge and the advancement of human health and happiness.

Many and varied have been the means suggested by which the human offspring is to attain perfection of body and mind. At present the eugenic marriage is receiving much attention from press and people, scientist and pseudo-scientist. Its value, however, like that of many other reforms, depends on the extent to which the people are preparing for it by education. We might produce a nation of thoroughbreds, but their perfections will not protect them from their own ignorance and disobedience to the laws of nature.

No nation in the world has spent more brains and money on the conservation of its resources than the American people. The conservation of forests, of water power and of public domain have been national issues. Bureaus of Mines, of Animal Industry, of Plant Industry and of Fisheries all represent a great outlay. The Bureau of Education and the Department of Public Health receive a share, but when it comes to the real conservation of the children of the nation the means and energy expended have been insignificant.

Webster defines conservation as the act of preserving, guarding and protecting. It is safe to assume that the great majority of children born in this country are healthy. How little is done to preserve that condition and protect them from the many and varied sources of disease that exist and, no doubt, will continue to exist as long as the human race!

When a child enters our public schools it is placed under the control of the state. Our efforts along the lines of conservation should receive added impetus both on account of the opportunity offered and the increased dangers to which the child is subjected. In this work four particular fields are offered for our labors, namely, educational, corrective, preventive and historical.

It is gratifying to note the advances that have been made in the instruction in hygiene in our schools, though the work is open to severe criticism in that the text-books used have dealt too much with the pathological instead of the normal. They have been confined too much to alcoholism and nicotinism, important as these may be, rather than giving due importance to the prevention of disease and warning against such habits of life as are making our

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nation a nation of dyspeptics, neurotics and hypochondriacs.

Much of the instruction in that branch which is known in our schools as physiology or hygiene can be most effectively done by a physician or the school inspector who knows the environment, the physical condition, the habits and temperament of each pupil. The general principles of fresh air, wholesome food and pure water may be taught by teachers, but the effect of drugs on the body, the transmission of disease by germs and the care of the important organs of the body should be taught by the intelligent and experienced physician, in whose knowledge the pupils have the utmost confidence. Otherwise, the instruction becomes a farce, as results already show. The United States Commissioner of Education calls attention in several reports to the fact that though the dangers of alcohol and nicotine have been taught in the public schools of most of the states for twenty years and more, the consumption of spirits and tobacco has increased by leaps and bounds. The lack of a working knowledge regarding preventable diseases on the part of the teacher has a tendency to develop in the pupil a disregard for the danger or a morbid fear of germs. The teacher, in her effort to cover a certain amount of work within a limited time, too often disregards the first law of mental hygiene and is, therefore, in a poor position to give instruction along these lines.

The laws of our state regarding contagious diseases, quarantine, vital and mortuary statistics and all similar laws should be taught in every public school within the state. In fact, the text-books used in our schools should include along with the proper subjects usually comprehended in such a work, such information as local conditions demand, along with the laws of the state on sanitation.

Burgerstein of Vienna suggested nearly twenty years ago that the child be taught cleanliness of body, clothing and habitation, proper food and drink, normal position of the body, care of the organs of sense and the prevention of contagious disease. However, he, as most of those who have followed him, failed to give due prominence to that important subject, i. e., the care of the mouth. If there existed in the state of Alabama some insanitary condition which would necessitate 40 per cent of the inhabitants over 50 years of age wearing an artificial eye or limb every board of health and a hundred anti societies would be making strenuous efforts to teach people the correct mode of living and relieve the situation. Yet an even larger per cent are wearing artificial teeth, organs performing a far more important function as far as the span of human life is concerned, and it is taken as a matter of course. Not one person in twenty over the age of thirty has a healthy mouth, and not one in ten has a mouth free from pus at any time. If the butcher supplied pus with his steak, the milkman with his milk or the groceryman with his flour and meal, however small the amount, the storm of protest that would break upon his head would make a Japanese volcano seem insignificant, yet we allow each individual to mix it for himself with but little effort to teach him to prevent it or spread a knowledge of the conditions as they exist. Bad teeth and the improper use of them cause as many days' absence from school as any other disease or condition. It, therefore, behooves the health and education boards to insist on proper instruction and as far as possible that each pupil act on the knowledge gained.

It has been well said that "Ignorance of one's physical condition is a luxury that no one can afford." The importance of making known to the parent the physical condition of his child is all the more emphasized since we know that when the physical defects are brought to his attention, in a great majority of cases they will be eventually corrected, otherwise the child would carry them and the results through life.

The fact that the teeth may be lost altogether and the important part which they play in the well-being of the human organism emphasizes the demand for correcting the defects in early life. The experiments conducted in Cleveland,

O., and results published in the report of the United States Bureau of Education show conclusively that marked oral defects corrected improve the child physically, mentally and morally. Wurzburg, Bavaria, established the first free dental clinic for school children sixteen years ago and the results were so gratifying that the movement has spread all over Europe and to America, doing a work that is appealing to the public as much as any other feature in school supervision.

The correction of optical defects calls for special attention in children of school age, since these organs perform so important a function in the work to be performed by them. Further, the longer the defects remain the greater becomes the error and the nervous mechanism of other organs in the body is involved which seriously impairs nutrition. Many a hypochondriac, neurasthenic or dyspeptic invalid might be relieved by the early correction of visual defects. These defects are markedly on the increase, statistics showing something like 5 per cent to the decade, and are responsible for many children spending more than their allotted time in school.

Aural defects are responsible for many of the inattentive and troublesome pupils who are obliged to make up grades year after year, thereby incurring an extra expense on the state. These frequently give up in despair in the end and are thus forced into a lower economic place than they are intellectually capable of filling.

Tonsils and adenoids produce mouth breathers with deformed chests, prevent normal development physically, lower the mental powers and increase nervous irritability, all of which unfits the pupil for school duties and for life.

Curvature of the spine due to caries produces ordinarily such symptoms that it will be detected by the family physican before the child comes under the observation of the school inspector. The majority of these cases not due to diseased bone are produced by abnormal positions assumed in school work or while at work or play. By careful supervision this may be relieved and prevented during the school life, whereas in later life correction is almost impossible and the deformity subjects the organs encroached upon by malposition to disease the result of laboring at a disadvantage and of deficient function.

These are but a few of the physical defects found among school children which the school inspector points out to the pupil and parents and insists upon their correction. Should a large per cent of these be corrected, and they will be if shown to the people, the state would be amply repaid for school inspection should the compensation be in proportion to that of Cairo, Egypt, where thirty years ago the school inspector received 12,000 marks, with two assistants at 3,000 marks per annum. The state pays something like $25 per year for each child in the public schools. A grade lost then is $25 lost to the state, not counting the economic loss of a year's time in the life of that individual.

Preventive medicine is attracting more attention and commanding the best efforts of more men today than ever before, yet, as Dr. Krohn said fifteen years ago, "schoolroom diseases do exist and the fact that they do exist is a stigma that we should hasten to eradicate. That a healthy, romping child entering our modern school may be doing so at a probable expense of his health is a sad commentary upon our modern educational methods." Fifteen years of progress has removed but little of the sting of this statement. Higher educational standards, with a corresponding increase in the demand upon the nervous system, improperly lighted rooms, long hours of confinement in closed rooms and the general exposure to contagious diseases are dangers that are still present, and we are not surprised that many hesitate to place their children in a public school and employ a private tutor, for surely the dictum is true: "A ton of knowledge gained at the expense of an ounce of health is far too dearly paid for." Like the poor, we will always have contagious and infectious diseases with us, which, when uncontrolled, spread rapidly in an aggregation of children like our

schools. We know, however, that careful medical supervision will reduce the number of cases to a minimum. It was for the control of disease that medical inspection of schools had its inception and the results have been very gratifying. It has, however, been the pupils who usually received attention, and the teachers were unnoticed.

It is but little short of criminal negligence on the part of educational authorities that teachers having communicable diseases are placed in charge of our children. In the public schools of Union Springs within four years preceding the enforcement of a regulation requiring a thorough examination of all teachers, one died during the term and one died during vacation of pulmonary tuberculosis. This gives us practically the same percentage of cases as has been found where statistics have been gathered from a whole state or country. Allowing, then, twenty-five pupils to the teacher, there are 5,000 children of the state of Alabama closed in and exposed to the infection from six to nine months during the year. We know this from the death rate among teachers from tuberculosis, how many latent cases exist we have no means at present of finding out. Without discussing this point further, it is evident that school and health boards should cooperate and require a clean bill of health from each teacher before they are allowed to enter upon their work for each year.

The number of schools closed in the state and the number of enforced absences on account of contagious diseases each year shows the necessity of medical supervision. In every epidemic of disease there are mild cases to which no physician is called, and, therefore, the health officer does not control. The contagion is conveyed by these and the extent of the infection is limited only by the number of unimmune. It is common knowledge as to what can be done in the control of contagious diseases in the schools and I have only mentioned this to emphasize the advancement of public health and the saving of time and money that such measures afford.

Every school building needs the supervision of some one with some knowledge of sanitation. The building should have a general fumigation at least twice during the school year. The grounds, the toilets, the cleaning of the building and the arrangement of the light, all need attention from time to time.

The records of the school inspector should be very valuable in the interest of public health as well as education and sociology. Here should be found the number of days of absence and the disease causing such absence. The state board of health cannot secure complete data were the system working perfectly, because for many of the mild cases of even such diseases as scarlet fever and diphtheria they do not call in a doctor and every school inspector will tell you of numbers of these cases he has turned away from school. At present there is no effort on the part of the state boards of health or education to ascertain the number of cases of mild contagious diseases or the number of schools closed on that account in the state. The state board of health recognizes fully the value and the necessity of a complete record of all cases of transmissible diseases, but has never considered how complete a record could be had through the state board of education by having each teacher report the number of absences and the cause. Under the present regulations no record is kept of the number of schools closed on account of contagious diseases.

The school inspector's record should show the physical status of the child and if possible something of its family history. The teacher can easily add to this record the mental and moral progress of the child. Such records would give us practical information, the nearest approach to which is shown in an experimental study of children by means of anthropometrical and psychophysical measurements showing the relation of the physical to the mental condition of children, conducted by Arthur McDonald in the city of Washington, D. C., and reported by the United States Commissioner of Education, report of 1897-98.

Without commenting further on the advantages of recording the physical, mental and moral condition of school children, I will submit a system we are now using in Union Springs, which gives us the family, personal, physical, mental and moral history of every child in school and that with the least amount of work. The family and personal history is secured by submitting to the children their autobiography for composition work. This is recorded on a jacket, inside of which is filed the yearly record of the pupil, one card for each year. This card shows the physical condition of the child during the year, records the number and causes of absences. The teacher adds to this record the character of work done by the child and his conduct each month.

In closing I submit the proposition: What would be the value to the state of Alabama and to the world at large had we such a record of every child in the schools in the state for a period of five or ten years? The relations of the physical defects to the mental and moral status of the child could be calculated with mathematical precision.

ACUTE MANIA FOLLOWING THE USE OF ATROPINE SOLUTION IN THE EYES.*

By Dunbar Roy, A.B., M.D., A.C.S.,
Altanta, Ga.

The toxic manifestations of atropine solution when dropped into the eyes of individuals either for refractive work or for some pathologic condition has been recognized by almost all opthalmologists.

Strange to say, very little mention is made of this fact in the various text-books on ophthalmology, an omission which we think is unfortunate. For years I have always warned patients as to a possible toxic effect of atropine when this medicine was prescribed, especially in cases of children for refractive testing. The fact that individuals are peculiarly susceptible to certain drugs and in many cases to belladonna necessitates some care on the part of the physician in the administration of this remedy.

There are few people who do not experience the feeling of dryness in their throat after having received drops of atropine solution in their eyes, and for this reason it is usually advisable to close the canaliculi by pressure if we should wish to avoid this unpleasant symptom. My records show that out of a total number of 10,000 refractive cases in private practice, twenty of these showed marked exaggerated symptoms of atropine intoxication when this latter was used in the eyes for refractive purposes. The total number of cases is, of course, much smaller than this, because a mydriatic was by no means used in every case. In fact, in the last few years a mydriatic for refractive purposes has been used much less frequently by me than formerly, because I am firmly convinced that better results are obtained in the prescribing of glasses by making tests upon the eye in a normal rather than an abnormal state. If any mydriatic is used I depend almost entirely upon homatropin unless conditions demand a more prolonged effect. In children where a solution of atropine is dropped into the eyes for refractive purposes parents should always be warned that a manifestation of the toxic effect of atropine may occur and that these symptoms are flushed face, rapid pulse and breathing, and in some cases a high state of excitement. I have seen such occur in a number of cases, and for this reason I always caution parents and the patient at the time the medicine is prescribed.

An interesting case of atropine poisoning is reported by Prof. Vaas in volume XLIX of Archives of Ophthalmology. A child twelve years old receiving instillations of atropine in both eyes for several weeks for progressive myopia. At the end of this time there was

* Read before Fulton County Medical Society, Atlanta, Ga., Sept. 17, 1914.

observed a paresis of the right external rectus and superior oblique. The condition disappeared in six weeks without treatment. Isolated cases of this nature have been reported from time to time in ophthalmological literature. Cases of acute mental symptoms following the use of atropine in the eyes must be very rare. In volume XVII of Knapp's Archives a very interesting case is reported by Dr. Charles W. Burr, of Philadelphia. An abstract of this case is given, and also Dr. Burr's comments. He says, "The point of interest in this case is the long duration of mental symptoms, six weeks, in a patient who had been using atropine in the eyes. Slight cases of atropine poisoning may present no psychical symptoms, though as a rule there is a little mental confusion. On the other hand, an amount of the drug which in the average man does not produce any untoward effect may in susceptible people cause visual hallucinations or illusions of the unreality of which the patient is completely aware."

Burr further says, "In cases of serious poisoning by atropine the mental symptoms are very marked and characteristic. The picture is the same whether belladonna or its alkaloid has been taken, and no matter what the method of administration. The symptoms come on when once they appear very rapidly. The delirium in severe cases is of the wildest kind, visual and auditory hallucinations, and as a rule in the fatal cases, convulsions and coma. The characteristic visual hallucinations are of animals, especially cats, dogs, rabbits, butterflies, etc. Specters of people, though not infrequent, seem as a rule not to be attended to as closely by the patients as those of animals. Wakefulness is common. In the great majority of cases death or recovery occurs within twenty hours. In patients who recover the symptoms often pass off in a few hours."

Burr's case was as follows: A 52-year-old woman was admitted to Philadelphia General Hospital in a state of great excitement and exhilaration and showing visual and auditory hallucinations. Nine weeks before admission she had been seized with iritis, for which instillations of atropine every three hours were used. (The solution was probably 5 gr. to ounce, but it was not stated.) This she had continued up to the time of admission. Had never used alcohol nor shown any previous mental disorder. For 24 hours after admission it had been necessary continuously to restrain her physically on account of her extreme restlessness. She had even to be fastened in bed. She had various hallucinations. All of these symptoms subsided in a few days with the cessation of the drops.

In cases of alcoholics where atropine must be used it is sometimes difficult to tell whether the mental symptoms are due to the former or the latter, possibly a combination of the two.

In March, 1913, there was referred to me a case from near Eatonton, Ga., suffering with a severe attack of acute iritis. He was also a heavy drinker and had been for some time. While in my office he appeared perfectly rational. He was placed in the hospital and put to bed with instructions to use a one per cent atropine solution every two hours in addition to the other usual remedies. On the second night of his stay in the hospital he was seized with marked mental hallucinations, especially in the form of seeing cats and dogs. We were unable to say whether these hallucinations came from the alcohol or atropine solutions. He did not get better until he was given a small amount of whiskey and the atropine solution was stopped.

A case of marked mental hallucination, the result of atropine poisoning from the drops in the eye, came under my care this year.

Mrs. A. L. B., age 52, the wife of a physician in a neighboring city, was brought to my office on January 16, 1914, to see if anything could be done for the vision in both eyes and also for the relief of pain. She gave the following history: For 12 or 15 years patient had been in very bad health. Her hearing has gradually become affected. About two years ago she began to have pain in both eyes, and the sight gradually failed. This has continuously progressed. The patient is a frail, poorly nourished looking individual. Suffers a great deal from wandering pains in her eyes and head.

Examination of eyes: In right eye she counted fingers at 10 feet. Cornea clear. Pupil par-

tially filled with an old inflammatory exudate. Almost total adhesions of iris to lens. No acute inflammatory redness. Tension slightly minus. Left eye: Vision only the waving of large objects just in front of eye. Pupil entirely occluded with old exudate. Total adhesions. Tension minus. All the symptoms of a chronic iridochoroiditis. Wassermann was negative. Patient was placed in hospital and in bed. Atropine one per cent was ordered for the eyes every two hours, iodide of potassium internally and mercurial inunctions. On the second night I was called by the nurse to say that our patient was wildly excited and with difficulty could be kept in her room. She was found wandering around the halls of the hospital. A quarter of a grain of morphine was ordered. This produced only a fair amount of quietude. The next morning when I saw the patient she was entirely incoherent. Moaning and talking at random, tossing in the bed, and even then had to be restrained from getting up. Absolutely no sensible reply could be obtained to any question. A neurologist was called, and after a most thorough examination he could find no cause for her present mental disturbance. At his suggestion the atropine in her eyes was omitted and she was placed on bromide of sodium. In twenty-four hours all her mental symptoms had entirely disappeared and she appeared perfectly normal again. She had no remembrance of her mental hallucinations, and was very much chagrined when we told her of that condition. Her son had been telegraphed, and came immediately on that day. He was perfectly positive that his mother had never before experienced any mental derangement. It is true the patient was depressed when she was brought to my office, and it was much against her desires that she was placed in the hospital. It was thought advisable, so her son accompanied the patient immediately to her home. In fact, she was very urgent in this request. There has, of course, been no improvement in her eyes, but so far there has been no further mental trouble.

This case was very clearly one of atropine intoxication, but whether the same would have occurred had not our patient been also in such a depressed mental state I am unable to say. Certain it is that we must look to atropine even when dropped into the eyes as not entirely free from toxic effect.

Grand Opera House Block.

A SERIES OF FOREIGN BODY CASES.

By Richard H. Johnston. M. D.,
Baltimore, Md.

During the past year, nine foreign bodies of the larynx, trachea, bronchi and esophagus have come under my observation. Of this number, one lodged in the larynx, one in the trachea, one in the right bronchus and six in the esophagus which therefore harbored two-thirds of the total. All of the cases were in children, the oldest being 10 years and the youngest 6 months. The majority of them were under the age of 5 years; one was 10 years old, one 7, one 5, one 3, one 2, one 19 months, one 14 months, one 8 months and one 6 months old. Of the total number eight were successfully removed with prompt recovery of all the patients; the ninth case was interesting because it illustrated the passage of a foreign body through the body under seemingly adverse circumstances. All of the esophageal foreign bodies lodged at the upper end of the esophagus and were quickly removed by the method which will be described below. In only one case was a general anesthetic used; in eight cases no anesthetic, local or general, was administered. The character of the foreign bodies followed the usual run of such cases, viz: A five cent piece, two pennies, a piece of St. John's bread, two safety pins both open with the points up, a long collar button, a grain of corn and a watermelon seed. In two cases X-Ray pictures were made and, in both, the foreign bodies were diagnosed at the upper end of the esophagus; in the other patients, with the exception of one, the history and symptoms were sufficiently clear to make the diagnosis of foreign bodies so that removal was proceeded with at once. In all the cases the straight methods of direct laryngoscopy and upper esophagoscopy were used and the ease of removal has increased my confidence

*Read before the Medical and Chirugical Faculty of Maryland, April, 1913.

in them. After this brief resume, the cases will be reported in detail with the operative procedure used in each.

About a year ago Dr. J. J. Carroll asked me to see a little girl, who, a week previously, had swallowed a nickel. At the time the mother picked the child up by the feet and shook her vigorously which procedure was followed by the regurgitation of the coin. The patient did not recover her usual cheerfulness and seemed to have some difficulty in swallowing. A physician was called in and, after hearing the history and making an examination, diagnosed acute tonsilitis. At the end of five days the child had gradually grown worse, so another physician was called in who, after hearing the history, suggested an X-ray picture, which was made at St. Joseph's Hospital by Dr. H. E. Ashbury. A shadow at the seventh cervical vertebra proved that a foreign body was in the esophagus. The next day with no special preparation the patient was taken to the operating room, wrapped in a sheet so that arms and legs were practically immovable and placed on the table with the head straight and not extended over the end of the table as is advocated by other operators. A nurse stood at the head of the table to steady the head of the patient. Standing on the left of the table, I passed my modification of Jackson's old laryngoscope between the incisor teeth and pushed it rapidly down back of the larynx, which was gently lifted by elevating the handle. The upper end of the esophagus immediately opened up and the coin was seen lying back of the middle line with edges transverse. Holding the instrument with the left hand, I passed Brunings' extension forceps through the tube with the right hand, grasped the coin and removed it. No anesthetic, local or general, was used, the mucous membrane was not torn and the child left the table unhurt. The entire operation did not take two minutes. Recovery was prompt.

Some months ago a baby, eight months old, was brought to the Presbyterian Hospital by Dr. Von Dreel with the history of having swallowed an open safety pin that morning. The little patient was wrapped in a sheet as above described and placed on the table with the head straight and held by a nurse. The small tube was passed quickly down, the upper end of the esophagus exposed and the pin located with the point up and sticking in the left esophageal wall. Instead of closing the pin before attempting removal as is advised by all operators, I decided to try a method which seemed practicable. With forceps passed through the tube, I disengaged the point from the esophageal wall and pulled it up in the tube, thus doing away with the danger of piercing the wall. Since the body of the pin was to the right, the tube was now carried as far as possible to the left, and tube, pin and forceps carefully removed together. There was no tear of the membrane and the patient made an uneventful recovery. The usual way of removing open safety pins is to close them before exercising traction. With a small tube such as I use, it is possible to operate successfully as above described. So far as I know this is the first time such a method has been used.

In connection with safety pins, it will be interesting to describe the other case in the series in which the esophagoscope failed to locate the foreign body. The patient was a baby, six months old, who, while in his mother's arms, suddenly choked and coughed. The mother found that an open safety-pin which she had pinned in her waist had disappeared and she at once concluded that the child's choking was caused by the swallowing of the pin. She immediately took the child to the family physician, who ran his finger in the throat and thought he felt the pin. As he was unable to extract it, he advised a trip to the Presbyterian Hospital and the use of the direct method to locate it. At the hospital the patient was examined with the small tube with the head straight on the table. When the upper end of the esophagus was exposed, no trace of the pin could be found. Not wishing to subject the child to further examination unless absolutely necessary, I advised the mother to have an X-ray picture made the next morning to find out if the child had really swallowed the pin. On her return home she found a pin on the floor like the one she thought the child had swallowed and concluded that the mystery was cleared up. The next morning the child nursed and seemed well so she decided not to have the picture taken. Five days later she found the open pin sticking out of the anus. In less than a week the pin had passed through the baby's body without causing any inconvenience.

A boy, five years old, was brought to the Presbyterian Hospital with the history of having swallowed a penny. He was pinned in a sheet and placed on the table with the head straight and steadied by a nurse. With the small tube the penny was quickly exposed, lying somewhat posterior to the middle line with edges transverse; it was seized with forceps and removed. The patient made a quick recovery.

A second penny case was that of a little girl, nineteen months old, in whom an X-ray picture showed a shadow at the seventh cervical vertebra.

The coin was promptly removed with the head straight on the table and the patient recovered.

An interesting case was that of a child, fourteen months old, who, about eight hours before, had swallowed a piece of St. John's bread, which lodged in the upper end of the esophagus. The patient was operated upon at night after having been unable to swallow since morning. He was pinned in a sheet and held on the table with the head straight. Bruning's electroscope with my ten millimetre tube was used for exposing the upper end of the esophagus. The foreign body was easily located completely filling the upper end of the tube. Because of the fact that the stem had gone down first, the object was difficult of removal. It was finally grasped with Pfau's forceps and removed. The patient made an uninterrupted recovery. In removing foreign bodies from the upper end of the esophagus or the larynx, I prefer the modified Jackson tube because it is more easily manipulated than Bruning's electroscope.

A boy, seven years old, aspirated a grain of corn which was followed by cyanosis and paroxysms of coughing. I saw him four days after the mishap; he had a temperature of 101 degrees, a pulse of 110 and a respiration of 30. On the right side the respiratory murmur was almost obliterated and moist rales were present. The left respiratory murmur was normal. A diagnosis of foreign body obstructing the right bronchus was made and the boy sent to the Presbyterian Hospital for immediate operation. He was given ether and with the head straight on the table, Jackson's small separable speculum was passed and the larynx exposed; the seven millimetre bronchoscope was easily passed through the laryngoscope and pushed into the trachea, in which position it was steadied by an assistant while the laryngoscope was removed. The pillow under the head was then removed, allowing it to fall to the plane of the table. The operator then takes his seat at the head of the table and pushes the tube further down, controlling the movements of the head with the left hand. Though the boy had had a hypodermic injection of atropine, the right bronchus was found filled with mucus. After five minutes of mopping, the secretion was sufficiently cleared out to see the grain of corn, which was wedged in the lowest part of the bronchus. It required but a minute to seize it with forceps and remove it. The temperature immediately became normal and in three days the boy returned home. In this case the ease of passing the bronchoscope with the head straight was again emphasized.

A little boy, 2 years old, aspirated a watermelon seed two weeks before I saw him. Constitutional symptoms were present so an attempt was made at once to remove the foreign body. The child was held on the table and the 5 millimetre tracheoscope was passed through the mouth into the trachea. The foreign body was finally seized and removed. The difficulty in this case was due to the slippery character of the foreign body which made it hard to seize with forceps. The patient made a prompt recovery after an emergency tracheotomy for oedema of the glottis.

The last case was one of the most interesting of the series from the character of the foreign body and the difficulty in removing it. One night at 9:30 o'clock I was called up by Dr. A. L. Wilkinson who requested me to meet him ten miles out on the Bel Air road to remove a collar button from the larynx of a boy, 10 years old. At 8:00 o'clock that night he placed the collar button in his mouth and lay down on a couch. He suddenly sprang up, tugged at his throat and became cyanotic. Dr. Wilkinson reached the house at 9:00 o'clock and immediately telephoned me. He said the boy breathed fairly well lying down but when he attempted to sit up respiration became rapidly worse and cyanosis supervened. A few moments after communicating with me, he was compelled to do a tracheotomy to prevent suffocation. As he entered the trachea a large quantity of frothy secretion escaped. I reached the house at 11:50 o'clock and we immediately prepared to remove the foreign body. With the boy's head straight on the table, the small, separable speculum was passed, the larynx exposed and the collar button located with the plate against the posterior wall of the larynx while the shank and head completely filled the glottis anteriorly. Why the boy had not suffocated at once was a mystery. Forceps introduced through the tube grasped the plate but slipped off repeatedly when traction was made. Pfau's forceps were then tried and, after several attempts, the button was dislodged and removed. Examination of the larynx afterwards showed the vocal cords apparently in good condition. The tracheal canula was removed some days later and the patient made a good recovery. The interesting points about the case were the peculiar position assumed by the foreign body and the force which had to be used to remove it.

It may not be amiss to explain straight direct laryngoscopy, bronchoscopy and esophagoscopy a little more in detail and to compare them with methods employed by Killian, Brunings, Jackson and others. Before the intro-

duction of the straight methods, the position of the head was that of more or less extension with the head over the end of the table and held by an assistant. This position was thought necessary in order to bring the mouth, pharynx and larynx in the same straight line; it was thought to be impossible to see around a corner with a straight tube which straight direct laryngoscopy does. In 1908 Mosher described his "left lateral route," which means that the patient's head is turned to the left until the cheek almost touches the plane of the table; the head is then flexed on the chest and the operator sitting at the left of the table facing the patient passes a special spatula between the left bicuspid teeth, pushes the instrument down and exposes the larynx or upper end of the esophagus. As may be imagined, the method could not be used under local anesthesia and it was difficult to learn. With the head in extension the introduction of the laryngoscope is more or less difficult because the instrument is suspended in the air with the left hand and the strain on the forearm is so great that operative procedures are dangerous if not impossible. The same method is used in exposing the upper end of the esophagus with the patient in the reclining position. The straight method may be called a compromise between flexion and extension and is more easily performed than either because the operator assumes a more comfortable and natural position and is under no strain. As the name implies the head lies straight on the table and is controlled by an assistant who stands at the head of the table. If a general anesthetic is used, which is rare, the anesthetist stands or sits on the right side of the table. The operator in examining the larynx or upper end of the esophagus stands at the left of the table facing the patient and passes the laryngoscope with the left hand between the bicuspid or incisor teeth. The larynx or upper end of the esophagus is exposed in a few seconds. In children up to 10 years of age, no anesthetic, local or general, is used since, by pinning the child securely in a sheet, he can be sufficiently controlled to make a diagnosis or to remove a foreign body. In passing the bronchoscope, the same position of the head is used, the separable laryngoscope is introduced to expose the larynx, the bronchoscope is passed through it until the smaller tube approaches the vocal cords at which moment the eye is transferred from the large to the small tube which with a slight twisting motion slips between the cords into the trachea. The bronchoscope is now steadied by an assistant while the separable speculum is removed by the operator. The patient's head is now lowered to the plane of the table, the operator takes his seat and proceeds with the examination. In adults the position of the head is practically the same with the patient sitting on a low stool. The instrument is passed between the right or left bicuspid teeth. The head is supported by a nurse and, after the introduction of the laryngoscope, if the entire larynx is not seen, the nurse pushes the head forward. In this position operations can be easily performed in any part of the larynx. With the patient sitting, the bronchoscope is passed between the right bicuspid teeth without the separable speculum with the head practically straight. In children the upper end of the esophagus is exposed with the head in the position for direct laryngoscopy. These methods are easy and rapid of execution and do not require trained assistants as is the case with other methods.

807 N. Charles St.

SOUTHERN MEDICAL ASSOCIATION

Minutes of the Eighth Annual Meeting, Held at Richmond, Va., November 9, 10, 11 and 12, 1914

NOVEMBER 9—FIRST GENERAL SESSION.

The association met in the auditorium of the Jefferson Hotel and was called to order at 8 p.m. by the President, Dr. Stuart McGuire, of Richmond, Va.

Dr. Harvey W. Wiley, Washington, D. C., delivered an address entitled "The Wealth of Health."

Dr. Howard A. Kelly, Baltimore, Md., followed with an address entitled, "Radiotherapy," which was illustrated by numerous lantern slides.

TUESDAY, NOVEMBER 10—SECOND GENERAL SESSION.

The association met at 10 a.m. and was called to order by Dr. McGuire Newton, Chairman of the Committee on Arrangements.

Prayer was offered by Rev. W. Russell Bowie, of Richmond, Va.

An address of welcome in behalf of the State of Virginia was delivered by Hon. J. Taylor Ellyson, Lieutenant-Governor of Virginia.

"Mr. Chairman, Ladies and Gentlemen: As I was coming into the hall this morning I met one of the gentlemen who has been commissioned to welcome you and he said to me, 'I hope you will speak long; I am not accustomed to speaking and I will have very little to say.' That reminded me of my first meeting with Mr. Taft. He was Secretary of War and I had gone to Washington and called at the War Department to talk with him about a matter in which I was much interested. I found him very busy, and when I requested an interview he expressed his regret and remarked, 'You know, this is cabinet day and I have much preparation to make for the meeting.' 'But,' I said, 'Mr. Secretary, I have come all the way from Richmond to see you. Can't I have an interview? If you will give me five minutes, and I take more than four, you may deny my request.' He said, 'That is a fair proposition. I will take you up.' I opened my watch as I do now and I said, 'I will state my case,' and when the four minutes had expired I closed the watch and began to walk to the door. Secretary Taft said, 'Hold on, I want to speak to you.' I turned and said, 'On whose time, Mr. Secretary?' He said, 'On your time.' I replied, 'Very well, you may have as much of my time as you desire.' (Laughter). Ever afterwards, when I met the Secretary, and then President, and somebody started to introduce me, he remarked, 'I shall never forget him. He is the only man who ever asked for five minutes and didn't take but four.' (Laughter).

"I consider myself very fortunate, indeed, to be able to bring to you this morning the greetings of Virginia. It is always a pleasure to welcome our guests, and that pleasure is greatly enhanced this morning as I remember you are the representatives of those states with whom Virginians have enjoyed such delightful communion and fellowship, and who in time of war always marched shoulder to shoulder, and with whose citizens in time of peace we have shared the emulation which had for its high aim the progress and the prosperity of that great section of our common country to which we all belong.

"You are members of a noble profession. In your work you are not animated by any unselfish or ignoble sentiment, but your aim is a lofty one—to prolong life and alleviate human suffering and to promote the happiness of mankind.

"We are very glad to have you with us and we trust that your sojourn in the Old Dominion may be so fraught with pleasure and profit that the recollection of the days spent within our borders may have for you nothing but pleasant memories." (Applause.)

Address of welcome in behalf of the City of Richmond, by Hon. George Ainslie, Mayor of Richmond.

"Mr. Chairman, Ladies and Gentlemen: I congratulate this convention on being able to start on time. It is only thirty minutes late, but that is on time. (Laughter). I see quite a number of conventions, and I call anything within an hour of starting the first meeting on time. I have occasion to read a good many of the programs arranged for conventions, and I have tried to work it out why it is conventions are so slow in assembling, even where the members are present. Aside from the fact that they have got to listen to addresses of welcome, I thought possibly there might be some other reason, and I concluded that it must be the hesitation on part of the members to start in for two or three or four days and nights, as the case may be, and have a lot of people talk at them all the time. I often wonder how some conventions stand it. I often think that their condition near the close of some of the meetings must be like the condition of the negro boy who went courting on one occasion. He was a very small, limp, black fellow and only weighed about 105 pounds, while his sweetheart tipped the beams around 230. She nestled herself about his knees all the evening, and along towards midnight she snugged up closely and said, 'Sweetheart, is you tired?' And he replied, 'Tired, Lord God Almighty, I have been paralyzed since 10 o'clock.' (Laughter.)

"Now, I can understand that there is an additional danger that men, when they come to Rich-

mond, feel themselves in, and that is this: All Virginians have the reputation of being a very self-satisfied people and have taken great pleasure and delight in telling other people about themselves. Some people say it is their besetting sin. It is a dangerous position for any audience to be in, to come into a town in Virginia and have one of the natives of it bid you welcome, because the possibilities are such that the audience may be kept for a long time listening to the self-satisfactory things of the speaker. Now, just how far that disease runs among Virginians I do not know. I know there are cases here and there of clannishness on the part of some of them. I heard some time ago of a gentleman who was visiting in Virginia and he was sitting in the parlor talking to the head of the house, and a small boy in the house came in and said, as a small boy will do, 'Where were you born?' His father led him out into the hall and said, 'My son, you should never ask a gentleman where he was born. If he was born in Virginia, he would tell you so in a few moments. (Laughter). And if he was not, then you must not embarrass him by asking him the question.' (Laughter.)

"I am not here to praise Virginians or to bury them. There is a case on record where the status of Virginians was discovered in the Bible, and after I found that I stopped discussing doubtful questions in regard to the scriptures. There was an old negro preacher preaching to his flock out in the country some time ago, and I think things must have been a sort of slipping away from him, because he was trying to appeal to their state pride, and he said: 'My brethren and sisters, I want to impress upon you the duties and obligations that rest upon you on account of you being what you is. Now, there is four chosen tribes, as we reads in the scriptures, and it does not matter to which of those tribes you belong, each tribe is sure of final salvation, and those tribes, my hearers, as we reads them in the scriptures, to one of which you belongs, are the Huguenots, Hottentots, Abyssinians and Virginians.' (Laughter). If you ask me why that is, I have to reply to you in the language of the Edinburgh cab driver who was driving a gentleman around Edinburgh and was telling him a good deal about John Knox. Finally this man, in order to draw the cab driver out, asked him this question, 'Who is this John Knox you are talking about?' And the cab driver stood up, looked around at him and exclaimed, 'Why, man, do you nae read the Bible?' (Laughter). If you go away and do not understand what our position is, somebody will ask you that.

"It is a great pleasure, ladies and gentlemen, to add to the welcome that has been extended to you on the part of the commonwealth by the Lieutenant-Governor a word of welcome from the people of the city of Richmond. We feel very highly honored that this convention has selected Richmond for its meeting place. We hope that your stay here will be a source of pleasure and profit to you. I welcome you to the city, I welcome you to a further acquaintance and association with its people, which, if it has not already done so, I hope will ripen into a true and lasting friendship. I welcome you to its hospitalities. I welcome you to an acquaintance with its history and its traditions, and in wishing you a safe return to your homes I do so with the hope that this convention will ever remain a bright spot in your memories, and I assure you that our pleasure during your meeting here will be found in the efforts we shall put forth to make your visit entirely pleasant and agreeable." (Applause.)

Address of welcome in behalf of the medical profession of Richmond and Virginia, by Dr. Joseph A. White.

"Mr. Chairman, Ladies and Gentlemen: You have just been welcomed to old Virginia by the Lieutenant-Governor, Hon. J. Taylor Ellyson, and by Hon. George Ainslie, Mayor of Richmond, and it was proposed that as these addresses might not be quite sufficient to make you feel at home that you should be welcomed again by some representative of the State Medical Society and again by our local Academy of Medicine and again by some one of our Health Board who might give you some good advice as to taking care of yourselves while here and how best to avoid the evil effects of our local microbes by the judicious use of a well-known Richmond remedy, the patent on which will expire two years from now. (Laughter). I protested most vigorously against so much welcome, because I stated that the less talk you had along this line from the medical profession, the more time I thought you would have to get pleasure out of your visit and as a result it was decreed that I, and I alone, should represent the medical profession and introduce the various departments, and that I alone should extend to you a gracious welcome to the City of Richmond on this auspicious occasion. When she finds within her borders such a notable assembly of physicians and surgeons from the South, representing as it does the bone and sinew, the brains, and ability and skill of our sister States from Mason and Dixon's line to the Gulf, and from the Atlantic to beyond the Mississippi, that great section of this country that has made more progress in the last decade than any other part of the Union, she is delighted. The medical profession of the South has contributed no little to this tremendous up-building by its important work in sanitation by ridding it of the diseases incident to the climate and rendering its cities and towns as healthy and safe places of abode as any other part of this country.

"I am not going to take up much of your time because my colleagues, knowing my propensity for talking and my lack of oratorical ability, limited me to five minutes to say what I had to say, so you may know I mean what I do say, and within that limit I could not say many things that are often tacked on to remarks of this kind to convert a simple heartfelt welcome into an oration.

"I simply congratulate you, gentlemen, that you are here. I congratulate ourselves that we have you here, and before you leave and learn what a Richmond welcome means, you will congratulate yourselves that you came here, and you will seek the first opportunity you get to come back again. Everybody does who comes to Richmond. Each succeeding visit makes them more desirous of coming again. That applies equally to all visitors, but no Southerner comes

to Richmond, the capital of the old Confederacy of hallowed memory, where he himself, as I know some of you did, or his father, or his grandfather fought or worked for the cherished ideals of the dark days of the early sixties, who does not feel he is coming back to his home. Although fifty years have elapsed, there is a glamor about that which gets into his blood, his heart and brain, thrilled with the memories awakened, and he needs no welcome to make him feel at home. These fifty years that have elapsed have changed the Richmond of those days in appearance, in social population, in wealth, in industries, in educational movements and business activities, but in its welcome to guests, in the efforts of its men to please its visitors, in its great and attractive residences, and its attractive and beautiful women, it is the same old Richmond still, although it is easier of access than it was in those days. (Applause.) There seems to be something about Richmond that draws, judging from the number of conventions that meet here. Here we have an active, pushing, fighting spirit of an active business community that loses no opportunity to advance Richmond; but it makes no difference, wherever you go, whatever you see, or whatever you do whilst here, you will find the same hearty welcome that has become proverbial as Virginian hospitality." (Applause.)

Response to the addresses of welcome in behalf of the Southern Medical Association by Dr. Frank A. Jones, Memphis, Tenn.

"Mr. Chairman, Ladies and Gentlemen, and Fellow Americans of the Southern Medical Association: Richmond has fallen. No doubt, the day will go down in history as an eventful one. It has not fallen into the hands of the Philistines, nor into the hands of its enemies, but into the hands of its allies, the physicians of the Southern Medical Association. (Applause.) We count ourselves quite fortunate in being with you on such an occasion. With the great war of commerce, conquest and culture about which we have heard so much abroad or across the water, it is pleasant to think that today, fifty years after the civil conflict, that we are together in peace and harmony again; that we are a united people, and that we can sing the Star Spangled Banner with more energy, with more enthusiasm, and with more patriotism than we ever sang it before.

The Lieutenant-Governor, the Mayor of the city and Dr. White, representing the State Medical Society, have extended to us a real Virginia welcome. There is something in the name of Virginia that charms. No Southern man need deny that. I do not blame any Virginian for being proud of having been born in Virginia. My hat is off to Virginia, as any American hat should be, not only for the civilized Western hemisphere, but for Virginia, the mother of Presidents. If we go back in history we will find that Virginia is practically the mother of the Nation in all that is highest and best. So a Virginian need not have any excuses to make or any qualifying statements as to whether he is from Virginia or not.

"We have received such a hearty welcome that I do not think any of us feel ourselves in the attitude of the gentleman from Missouri after what has been said to us, and in accepting the hospitality that has been so graciously tendered we find ourselves in the attitude of 'Barkis,' all of us, on this occasion.

"I have been warned by those who preceded me that brevity is the soul of wit. I have also been admonished that some time in making public addresses we might find ourselves in the attitude of the parrot. Jones and Smith were neighbors. There was a partition between them. Jones had a wife, six children and a bulldog. Smith had a wife, no children and a parrot. Jones and his children and Smith and his wife went to a picnic. They left the parrot and bulldog respectively behind, and in due course of time the parrot yelled to the bulldog, 'Sic him! Sic him!' The bulldog for the time being could not find anything to attack. The parrot, in the meantime, changed his position and again yelled, 'Sic him! Sic him!' The bulldog jumped on the parrot, chewed off his bill, and the parrot exclaimed, 'Polly, Polly, I know what's the matter with you; I have found it out. You talk too darn much.' (Laughter.)

"Ladies and gentlemen, I am not here to talk too much this morning, except to say that in behalf of the Southern Medical Association we are with you, and we wish to thank you for the courteous manner in which we have been received." (Applause.)

Mr. Harris H. Smith, representing the manufacturers' exhibit, extended an invitation to the members to visit the Richmond manufacturers' exhibit.

Dr. McGuire Newton, Chairman of the Committee of Arrangements, announced the locations of the exhibits, the entertainments for the ladies and gentlemen, the special meetings of alumni reunions, conferences of Presidents and officers of medical associations of the Southern States, the reception to be given by the President, Dr. McGuire, at the Commonwealth Club, and the smoker by the Richmond Academy of Medicine.

The President of the Association, Dr. Stuart McGuire, Richmond, was then introduced and took charge of the meeting. He delivered his address, selecting for his subject, "The Profit and Loss Account of Modern Medicine."

At the conclusion of the address, on motion of Dr. Branch, Tennessee, a rising vote of thanks was extended to the President for his instructive and admirable address.

The Secretary read a telegram from Dr. Thayer, stating his inability to attend the meeting on account of illness.

On motion, the Secretary was instructed to send a telegram to Dr. Thayer regretting his inability to be present, with some flowers in the name of the Association.

Dr. W. S. Thayer, Baltimore, Md., contributed an address entitled "The Importance of Simpler Methods of Physical Examinations in Medicine,"

which was read by Dr. Virginius Harrison in the absence of the author.

Dr. H. H. Martin, Savannah, Georgia, Chairman of the Council, read the report of the Council, as follows:

"The Council has to present this morning only a short preliminary report, the annual report being reserved for the last general session on Thursday. The recommendations and proposed amendments to the Constitution and By-laws as carried over from last year are practically the same, and as they have been read before this body and laid over for one year, we will not take up your time in reading them now, but will present them in full on Thursday morning at the last general session. But I want to call your attention to the organization of the Railway Surgeons.

"The Council is of the opinion that the organization of the Railway Surgeons, as it now stands, does not involve any change in the Constitution or By-laws of the Association, and that no further action shall be necessary in the continuance of this organization, as provided for in Lexington last year, if this organization adheres strictly to the provisions of the act authorizing this Association. This will be reported upon more fully when the Council makes its final report.

"The Council will hold its final meeting on Wednesday morning at 9 o'clock. Invitations for the 1915 meeting have been received from New Orleans, Dallas, Hot Springs, Little Rock, Chattanooga, Atlanta, Savannah, Charleston, Asheville and Baltimore. Delegations representing the various cities will be heard at that time."

The next thing in order was the report of the Secretary-Treasurer.

Dr. Seale Harris, Secretary-Treasurer, presented the following report:

THE REPORT OF THE SECRETARY-TREASURER.

"Mr. President and Gentlemen of the Southern Medical Association:

"The fiscal year of the Southern Medical Association ending on November 1 has been, in many respects, the most successful year in its history. The increase in membership is greater than ever before, and as in former years is among the leading men in all lines of medical work in each of the sixteen Southern States. One thousand three hundred and twenty-eight new members have been added to our roll, and in addition 191 physicians, who have applied for membership, and say that they will pay their dues at this meeting or on January 1, have been placed on the temporary roster. Our increase in new members, therefore, has been more than 1,500. The following table shows the enrollment from the various States for 1912, 1913 and 1914:

	1912.	1913.	1914.
Alabama	210	294	363
Arkansas	19	133	190
District of Columbia	11	24	52
Florida	133	210	250
Georgia	136	200	254
Kentucky	14	140	295
Louisiana	133	174	239
Maryland	20	38	74
Mississippi	245	336	308
North Carolina	37	102	248
Oklahoma	—	25	131
South Carolina	30	79	171
Tennessee	182	212	302
Texas	31	147	204
Virginia	35	106	238
West Virginia	7	32	55
Canal Zone, etc.	—	5	8
Total	1,243	2,257	3,382

"Two hundred and four members have been dropped from the roll during the past year, because of failure to pay dues. The delinquents that occur are largely among those living in the boll weevil districts of the cotton States. Very few have resigned, and no one so far as your Secretary-Treasurer knows, has withdrawn because of dissatisfaction with the work of the Association.

"The Secretary of the American Medical Association estimates that about 15 per cent of those on his roll are dropped each year from failure to pay dues and from other causes, but of course the new members enrolled more than make up the loss. Since only 204 out of 2,258 members were dropped, it therefore appears that our loss has been only 9 per cent. The fact that 2,054 have paid their dues for more than one year, and that we have received 1,519 new members, seems to fully demonstrate that the physicians who are familiar with the aims and purposes of the Southern Medical Association are satisfied with its accomplishment, or at least feel that they are getting full value for their duties.

"The increased interest in, and the usefulness of the Southern Medical Association has been manifested in many ways, but none more than in the scientific work. The papers read and discussed at the Lexington meeting last year, and which have been published in The Southern Medical Journal, are equal in merit and scientific value to those read before any other medical association in existence. With the greatly increased membership from among the progressive element of the medical profession of the entire South, and with the greater interest in the Association in each of the Southern States, it is but natural that each of our meetings should, in most respects, be an improvement on previous years. It is, therefore, not a surprise that the programs prepared by the officers of the four sections, and presented at this meeting, are remarkable for the variety and interests of the subjects to be discussed, and no less remarkable for the large number of distinguished physicians from every Southern State who will participate in the scientific work of this meeting. Indeed, the Richmond meeting proves that in no section of any country is there more interest in or development of scientific medicine than in the Southern States, and that our medical men are the equal of any in the world.

"It is with particular pride that your Secretary calls attention to the growth and development of the Section on Public Health, because it was

created at his suggestion three years ago, and is, therefore, a child of his own heart. Believing that the greatest opportunity for service to the 30,000,000 people residing in the territory covered by the Southern Medical Association lies in our efforts to aid in solving the public health problems that have interfered with the development of the agriculture and other industries of the South, your Secretary has especially endeavored to interest in the work of the Association the health officers and others engaged in the study of tropical diseases that prevail in the South. To Dr. W. S. Leathers, Secretary of the Section on Public Health, belongs the credit of preparing the best program of papers on preventive medicine that your Secretary has ever seen, although Dr. Ennion Williams, Dr. R. M. Cunningham and Dr. A. T. McCormack have contributed a great deal to the success of the Section on Public Health. This meeting proves that Southern physicians are interested in the scientific and practical side of the problems in tropical diseases, that are of much importance to the future development of the section of our great country that this organization represents, and if the Southern Medical Association does nothing more than to stimulate interest in public health matters, its existence is more than justified. It is surely doing that, and much more, to add lustre to the pages of medical history of the South and of the Nation.

"The Southern Association of Railway Surgeons, which was created by the Council last year, and which had its first meeting on yesterday, has proved a very great success and has brought into the ranks of the Association a number of the best surgeons in our territory. Dr. Duncan Eve, President, and Dr. Clarence H. Vaught, Secretary, have worked unselfishly in inducing railway surgeons to come into our fold. They have also been ably assisted by Dr. Thomas H. Hancock, Vice-President. The papers and discussions in this Association were said to be of the highest merit and the 125 surgeons who attended the meeting were delighted with the organization.

"Health Sunday last year at Lexington and Louisville proved so successful that the effort was made to observe Health Sunday in Richmond and other Virginia cities by having distinguished physicians speak on public health subjects from various pulpits and in the auditoriums of Young Men's Christian Associations. Your Secretary believes that this custom, which is also observed the Sunday preceding the meetings of the American Medical Association, is a potent aid in educating the public on health subjects. He believes, however, that in future the arrangements for Health Sunday and the selection of speakers should be left entirely to the local committees.

"Since we have so many new members present today, it may be well to emphasize the fact that the Southern Medical Association is sectional only in the limitation of its membership to the sixteen Southern States, and also the truth that it is not sectional in the narrow viewpoint of being inimical to the interest of the medical profession of other sections of our country. Nor is it antagonistic to, or in conflict with, any other medical association, but it is endeavoring to work in complete harmony with all other medical associations and societies, both National and local. The motto of the Southern Commercial Congress is: "A Greater Nation Through a Greater South." In stimulating interest in scientific medicine in sixteen Southern States, and in studying the diseases that prevail in our section more than in other sections of the country, those who founded and have worked to build up a great medical organization in the South, believe that they are performing a distinct service to the medical profession of our united country.

"Your Secretary has first discussed the success of the past and previous years, that he has played a minor part in attaining, with the hope that they may mitigate the depressing effects of the recital of his mistakes and failures, which have been many. One of the most expensive mistakes that your Secretary has made was in the employment of a field secretary to travel in the interest of the Association. A number of members of the Association have, at various times, suggested that we employ a physician to travel in the interest of the Southern Medical Association, and the matter was discussed by the Council last year, but the finances of the Association were never in condition and a suitable man did not appear until last January. Dr. Herbert L. Wright, who was in the employ of the Alabama State Board of Health, and who, in addition to his degree of M.D. is a Doctor of Public Health, and who was very highly recommended, was employed. The first few weeks of his work in Mississippi and Florida, in which States the physicians were more or less familiar with the Association, proved a success, but in the eastern portion of our territory where the physicians were not so well informed of the aims and purposes of the Association, his expenses were very much greater than the income from new members, and at the expiration of the three months' contract he was relieved from duty, but in the meantime the Association had lost $500 in the experiment of employing a field secretary.

"The expenses of organization in the early years of all scientific and educational associations are always greater than their income. It was true of the American Medical Association, which had its struggle for existence for many years. A few days ago the International Association of Rotary Clubs, organized eight years ago, called upon its members for $15,000 to pay that amount of indebtedness which was incurred in the expense of organization and in building up the Rotarian Magazine. In some associations bonds, which are endorsed by philanthropic members, are sold to carry on the work of expansion; in others extra assessments are levied upon the members, knowing that the money thus spent is an investment that will surely bring great profit in future years. The Southern Medical Association is not an exception to the rule that such organizations have to go in debt for the first few years of existence. Dr. Oscar Dowling, the first Secretary-Treasurer of the Association, carried these debts for three years, and he incurred many more expenses for the Association, which were paid by him personally, without calling upon the Association for reimbursement—not to mention the fact that he gave three years of his best effort in building up the Association. The Chairman of your Council, Dr. H. H. Martin, has also spent a great deal of money in traveling expenses, and in other ways, for the Association, and he has

never called upon the treasury for a penny of reimbursement. Drs. Dowling and Martin may be truly called the fathers of the Southern Medical Association, and we can never repay them for the time they have given, and for the money they have spent without compensation, in organizing the Southern Medical Association.

"When it was decided to expand the work of the Association, and to increase its membership from the physicians of all of the sixteen Southern States, the expense of organization increased very materially. Your Secretary, knowing that the expense of organization would greatly exceed the income for a few years, arranged for The Southern Medical Journal to take care of the indebtedness, and such a contract was entered into with The Southern Medical Journal.

"This preliminary apology leads up to the statement that the deficit of the Association which was $600 four years ago, has steadily increased, until on November 1 it amounted to $3.507.11. Our efforts to increase membership has been successful in bringing to our ranks a large number of the very best men in the South, having increased from less than 300 paid-up members in 1910 to 3,600 members up to this time, but it has proved very expensive. While your Secretary works without salary, and more than half the time of Mr. C. P. Loranz, Business Manager, and the four other regular employes of The Southern Medical Journal have been given to the Association without compensation, the expenses in the past year have amounted to $1,952.37 more than the income. This, added to the $2,274.97 reported last year, increases the indebtedness of the Association to $4,262.02. Your Secretary feels sure that this amount will be reduced by at least $2,000 before December 1 from the income of exhibits at this meeting, and from dues which will be paid at this meeting, and that will be collected very shortly. Since the large proportion of the membership dues are payable during the month of November, 1,300 statements were sent out ten days ago which, if paid, would at this time considerably reduce the indebtedness of the Association. The Southern Medical Journal is taking care of the indebtedness of the Association, and your Secretary firmly believes that from this time the Association will be self-sustaining, and that in a few years it will be entirely out of debt.

"The 20,000 men who are eligible to membership in the Southern Medical Association have been fully informed of what the Association is and what it stands for, by two to four bulletins having been sent them a year, and also by individual circular letters at various times. Your Secretary believes that from this time it will not be necessary to attempt to cover the entire South in our propaganda for new members, and he feels sure that next year he will have the gratifying privilege of reporting that the deficit has been decreased. In the meantime the owners of The Southrn Medical Journal are not complaining of the burden of carrying the indebtedness of the Association.

"Particular mention should be made of the work that has been accomplished by Miss Della J. Purifoy, my Assistant Secretary, who visited the meetings of the Tennessee, Louisiana, Texas, South Carolina, North Carolina, Kentucky, Arkansas and Virginia State Associations. She spent altogether four months in soliciting members in various States. She has secured 716 members.

"The work of Mr. C. P. Loranz, which, as has been stated, has been given without salary to the Southern Medical Association, has been of inestimable value to the Association during the past year. Indeed, your Secretary could not have carried on this work without the assistance and hearty co-operation of two such splendid co-workers as Miss Purifoy and Mr. Loranz. Miss Purifoy and Mr. Loranz have done all of the clerical work, and most of the other work connected with the duties of Secretary. Your Secretary is a busy practitioner of medicine, having to earn a support for his family by the practice of his profession, and the duties of his position with the Southern Medical Association have increased with the steadily increasing membership. While he gives all of the time that he can spare from his professional duties to the Association, it is necessary to delegate a great deal of it to others. He, therefore, requests the privilege of naming as his Assistant Secretary, Miss Della J. Purifoy, and that her salary be increased to $85 per month, and that he may appoint Mr. C. P. Loranz, Assistant Treasurer, and Manager of Exhibits, with the salary of $25 per month, and that in the future the statements for dues be sent out in the name of the Assistant Secretary and that the Assistant Treasurer be given the power of signing the vouchers and attending to other duties of Treasurer.

"The Secretary-Treasurer's bond is now $5,000. He has never had in his possession at one time more than $500 or $600 of the Association's money. On account of the expense he would like for this bond to be reduced to $1,000, and that the Assitant Secretary and Assistant Treasurer, who really have charge of the Association's funds, be required to give bond for $1,000 each.

"President Stuart McGuire has contributed much to the increase in membership by letters that have been sent out by him, and in many other ways. The other officers of the Association, particularly the Chairman of the Council, Dr. H. H. Martin, and the other Councilors, have been untiring in their efforts to promote the welfare of our Association. The Richmond Committee on Arrangements have performed their duties admirably and your Secretary is sure that no such meeting of any association in any city has ever had provided for it more elaborate and more enjoyable entertainments. Dr. McGuire Newton, Chairman of the Richmond Committee, deserves great praise for his splendid work, as do also Dr. Alexander Brown, Jr., Chairman of the Committee on Health Sunday, and Dr. A. L. Gray, Chairman of the Commitee on Stereopticon and Moving Picture Demonstrations.

"While the Southern Medical Association has accomplished much in the past, your Secretary believes that the future holds even brighter things for it, and he is delighted to be one of the humblest of the workers, who are striving to make the Southern Medical Association and its Journal play a prominent part in bringing about the recognition of the Southern medical profession to a position which it justly merits—as the equal of any in the world."

TREASURER'S REPORT.

November 1st, 1913 to October 31st, 1914.

RECEIPTS

Cash on hand Nov. 1st, 1913	$ 657 73	
Total dues	7,562 25	
Exhibit funds	311 00	
Sundry credits	10 00	$ 8,540 98

DISBURSEMENTS

Southern Medical Journal	$ 3,665 00	
Remittances to Agents	584 39	
Furniture and Fixtures	36 00	
Field Sec'y Expense	$ 9 05	
Commissions	82 50	
General Expense	477 57	
Exchange	22 50	
Traveling Expense	448 70	
Telephone & Teleg.	71 63	
Postage	861 45	
Stationery & Ptg.	883 81	
Stenog. & Assistants	916 50	
Express & Drayage	8 92	$ 3,782 63
Cash on hand Oct. 31st, 1914	472 96	$ 8,540 98

AUDITOR'S REPORT ON BOOKS AND ACCOUNTS OF THE SECRETARY-TREASURER.

"To the Members of the Southern Medical Association:

'Gentlemen: I have examined the report of your Treasurer for the period begun November 1, 1913, and ended October 31, 1914, showing balance of $472.96 on latter date, and beg leave to report as follows:

"I find the cash on hand October 31, 1914, to have been accounted for, and I found the footings of the cash book to be correct. The various dues collected during the period were classified and posted to the credit of the respective amounts as outlined under the head of receipts. During the period there was used a very excellent system of numbered membership cards which are issued as receipts for dues paid, and which are recorded on the cash book in numerical order, thus causing every membership card to be accounted for.

"The above report of the Treasurer simply represents actual cash receipts and disbursements, and does not take into account the credits to the Southern Medical Journal made during the year for its proportion of the dues collected, or any other journal entries. All of the disbursements with the exception of exchange and a few countercharges were evidenced by checks.

"I made a casual test of the postings to the card accounts with the different members and not only found same correct, but found the system of keeping these accounts to be very good. It is apparent to me that the last fiscal year showed the result of great activity in your office, especially as the receipts were much larger than those of the previous fiscal year.

"I now submit balance sheet as at October 31, 1914, showing the financial condition of your Association on that date:

Assets:

Cash	$ 472.96	
Accounts receivable	33.20	
Furniture and fixtures	248.75	$ 754.91

Liabilities:

Southern Medical Journal	$3,886.02	
Other accounts payable	376.00	4,262.02
Deficit (profit and loss balance)		$3,507.11

"There is one item on this statement to which I would call attention, viz: the deficit of $3,507.11. This item represents the result of operations for several years past, and while it is actually covered by the amount of $3,886.02 due The Southern Medical Journal, the latter being under contract to protect the interests of the Association, the deficit should eventually be reduced, otherwise it would affect the operations of The Journal, which looks to the Association for the payment of the amount stated.

"It will be shown from the comparative statement of expenses and revenues, which are given below, that the expenses of the Association for the last two years have largely exceeded its revenues, but it must also be remembered that there has been an enormous increase in membership and while the Association is spending large amounts for stationery, postage and stenographic work, it only receives $1 out of every $3 collected. As results of this work will be felt for years to come, this expense should be viewed in the light of an investment.

"On October 31, 1914, there were a number of accounts outstanding for unpaid dues, and had this not been the case, the Association showing for last year would have been much better.

"It is reasonable to suppose that if the membership of the Association should increase in the same proportion as it has in the past two years, and if the expenses are kept to about the present figures, the Association can soon work out the deficit."

(SEE COMPARATIVE TABLE ON FOLLOWING PAGE)

Dr. J. A. Stucky, Lexington, Ky., offered the following resolution with regard to preventable diseases of the eye, which was referred to the Council:

Whereas, An infectious, destructive and preventable disease of the eye is now receiving attention from the United States Bureau of Public Health Service, of the American Medical Association, and many State Boards of Health, and

Whereas, This disease of trachoma is not only on the increase, but is preventable by observance of well-known sanitary and hygienic principles; and

Whereas, These diseases are first seen by the general practitioner and in order to be arrested and cured in the early stages must be recognized by him and reported to the local Board of Health; therefore, be it

Resolved, That the report and discussion of this

COMPARATIVE STATEMENTS OF EXPENSES AND REVENUES

	Nov. 9th, 1912		*Oct. 31st, 1913.*		*Oct. 31st, 1914*	
Stationery and Printing	$ 226 80		$ 1,169 75		$ 1,216 56	
Postage	229 75		1,196 54		861 45	
Stenographer and Assistants	315 00		744 75		916 50	
General Expense	128 75		191 00		521 32	
Traveling Expense			329 33		357 00	
Dr. Dowling	300 00					
Telephone and Telegraph	6 35		32 78		71 63	
Exchange	16 35		29 20		22 50	
Express and Drayage	3 15		16 13		8 92	
Commissions	25 00		38 00		73 00	
Field Secretary Expense					765 59	
	$ 1,251 15		$ 3,747 48		$ 4,814 47	
Less Sou. Medical Journal Refund			300 00			
Short and Over Account	4 85					
Dues 1908-10		$ 22 00				
Dues 1911		1,234 00		$ 90 00		$ 21 00
Dues 1912		2,424 00		1,357 00		114 00
Dues 1913		21 00		4,555 00		1,903 50
Dues 1914				18 00		5,457 75
Dues 1915						33 00
Exhibit Funds				180 00		311 00
		$ 3,701 00		$ 6,200 00		$ 7,840 25
Less Journal subscription		2,516 97		4,372 00		4,978 15
	$ 1,256 00	$ 1,184 03	$ 3,447 48	$ 1,828 00	$ 4,814 47	$ 2,862 10
Deficit	$ 71 97		$ 1,619 48		$ 1,952 37	
Less Furniture and Fixtures			75 00			
			$ 1,544 48			

PROFIT AND LOSS STATEMENT—

Deficit 1912	$ 71 97
Deficit 1913	1,544 48
Deficit 1914	1,952 37
	$ 3,568 82
Less Cash on hand Nov. 14, 1911	61 71
	$ 3,507 11

Respectfully submitted,

FRANK C. HORTON, Public Account.

Subscribed and sworn to before me, this the fifth day of November, 1914.

JULIA M. ALLEN, Notary Public, Mobile Co. Ala.

disease, and the ways and means of preventing and ridding the country of its presence be referred to the Section on Public Health, and the general practitioners, especially in the rural districts be urged to familiarize themselves with the early evidence of the infection and co operate with the authorities in eradicating the infection.

Dr. G. T. Tyler, Greenville, S. C., offered the following resolutions, which was referred to the Council:

To the Southern Medical Association, 1914:

I should like to submit to the Association the following resolutions:

1. That we establish a publicity bureau for the regular contribution to our lay papers, church, industrial, agricultural and daily press, on health and sanitation, in order that the people at large may receive the proper instruction on these subjects, these contributions to be in the name of the Southern Medical Association.

2. That in our contributions to medical journals, we support those journals that do ethical advertising, thus following the lead of our Southern Medical Journal and of the Journal of the American Medical Association.

Dr. Wilbur M. Phelps, Staunton, Va., Chairman of the Committee on Instruction in Physiology and Hygiene of the Medical Society of Virginia, presented the following resolution in regard to

the teaching of physiology and hygiene in secondary schools, which was referred to the Council:

It is moved that the Southern Medical Association hereby endorses the resolution of the Medical Society of Virginia, which urgently advises that the subject of physiology and hygiene be placed as a major subject in the curricula of the secondary schools, and adopts the following resolution:

Whereas, The Southern Medical Association recognizes that a large per cent of disease is preventable and is the result of individual ignorance of the laws of health; and

Whereas, We believe that disease and mortality would be materially reduced if the general public possessed a working knowledge of the principles of physiology and hygiene; and

Whereas, We realize the ineffectiveness of the sporadic instruction in these subjects; be it re solved,

1. That the Southern Medical Association urgently advises that the subject of physiology and hygiene be placed as a major subject in the curricula of the secondary schools of the States represented in this Association.

2. That this Association will co-operate with the State educational authorities and other officials in making the subjects of physiology and hygiene a required unit in the high schools of such States and will use its influence to have the same recognized by the colleges and universities of the United States as a full unit.

On motion, the general session adjourned.

TUESDAY, NOVEMBER 10—THIRD GENERAL SESSION.

The Association met at 8 p.m. and was called to order by the President.

Dr. Cary T. Grayson, Surgeon U. S. Navy, Washington, D. C., delivered an address entitled "The Old-Time Doctor."

Dr. R. M. Cunningham, Birmingham, Ala., followed with an address on "The Public Health."

Adjourned.

WEDNESDAY, NOVEMBER 11—FOURTH GENERAL MEETING.

The Association met at 8 p.m. and was called to order by the President.

Dr. Rupert H. Blue, Surgeon-General U. S. Public Health Service, Washington, D. C., delivered an address on "Anti-Plague Campaign in New Orleans," which was illustrated by slides.

Dr. George H. Simmons, General Manager of the American Medical Association, Chicago, Ill., delivered an address entitled "The Work of the Council on Pharmacy and Chemistry: Its Effect on Medical Progress."

Dr. William L. Rodman, President of the American Medical Association, Philadelphia, Pa., followed with an address entitled "Cancer of the Breast," which was illustrated by numerous lantern slides.

Adjourned.

THURSDAY, NOVEMBER 12—FIFTH GENERAL SESSION.

The Association met at 11:15 a.m. and was called to order by the President.

The President: The first thing in order is the Report of the Council.

Dr. H. H. Martin, Chairman of the Council, presented the report of the Council, as follows:

"The Council desires to congratulate the Association upon the wonderful strides made during the past year in its progress. Your membership has increased from about 2,500 last year to about 3,800 at the present time. The attendance at the last annual meeting was approximately 500. At this meeting the registration at 9 o'clock this morning was 960. This must be a source of pride and gratification to each and every one of our members.

"The Council desires to congratulate you further on the remarkable success of this meeting, on the high class of the scientific papers, on the personnel of those who have participated, and on your good fortune in having met in this wonderful old city of Richmond. We wish to express on your behalf our appreciation for the splendid arrangements made by your local Committee of Entertainment, which have contributed so much to your pleasure and profit at this meeting. We wish especially to mention the work of Dr. McGuire Newton, the Chairman of this committee, also Mrs. A. L. Gray, who has so splendidly cared for the lady visitors.

"The Council also wishes to express its appreciation for the many kind and complimentary expressions from the citizens of Richmond and its daily papers. We wish especially to thank the management of the Jefferson Hotel for the magnificent manner in which we have been taken care of.

"During the interval between the annual sessions the Council has, as in the past, transacted the business of the Association, meeting difficulties as they arose with an ever-watchful eye to its needs and requirements. The Council desires that its Chairman shall again remind you of the purposes of this Association, which are that we shall meet annually for the sole purpose of reading and discussing papers pertaining to medicine, public health, etc., and that this Association has no concern in and can take no active part in economic questions, popular movements for legislative enactment, etc., these being left entirely to organizations which have been perfected with these objects in view. This Association can, of course, endorse certain resolutions and can also appoint committees for scientific research, but not for the purpose of taking any active part in any economic problems or movements to secure legislation.

"The Journal of the Association, under the guiding hand of our esteemed and hard-working Sec-

retary, stands today without a peer—a clean, straight-out medical journal, free from the pernicious influences of proprietary medicine advertisements and devoted entirely to the interests of this Association, which are the interests of all Southern medical men.

"Time will not permit a detailed report of all your fiscal affairs, but the Council begs to assure you that they are being administered with economy and discretion. The report of the Secretary-Treasurer you have heard. This report and the books of the Association have been thoroughly audited and found correct, and the Secretary's report is approved by the Council. There is, of course, a deficit in our financial account. This deficit, as you know, is being cared for by the owners and proprietors of our Journal.

"The Council has not found it necessary this year, as in the preceding years, to make any recommendations looking to changes in our Constitution and By-laws other than those made last year in Lexington and carried over, which are of minor importance. You will bear in mind that these changes were not made last year because there were not enough members present at the last general session to legally alter your Constitution or By-laws. These recommendations are, as follows: The Council recommends that Article 6, Section 1, of the Constitution, be amended by adding the words 'President-elect' after the word 'President,' and that Section 2, Chapter 4, of the By-laws, be amended as follows: After the word 'order,' the President-elect shall identify himself with the active work of the Association, and shall lend his aid to the active officers thereof, and after the expiration of one year he shall, at the last general session, be installed as President of the Association.

"The Council further recommends that Section 3, Chapter 4, of the By-laws be amended by substituting the figures 2,000 for the figures 5,000.

"The Council desires to call the attention of the Association to Section 6, Chapter 2 of the By-laws, which reads as follows: 'No paper shall appear on the program to be read before any section unless the title of the paper has been in the hands of the Secretary of the Section at least sixty days before the date of the annual meeting, and it shall be the duty of the Secretaries of the sections to forward at once to the Secretary-Treasurer the complete sectional programs,' and recommends the following additions: 'Any member of the Association whose name may appear on the program at any annual meeting and who shall fail to be present at that meeting without good and sufficient reason for not being present, shall be barred from the privilege of appearing on the program at the next annual meeting, and that the number of papers at the annual meetings shall be limited to thirty for each section.'

"The problem of organizing the Association of Railway Surgeons we think has been solved. This Association, while actually a section of the Southern Medical Association, will be called 'The Southern States Association of Railway Surgeons,' under the resolution adopted in Lexington last year, which provides that this Association is to have no legislative functions or any other power or authority that might in any way conflict with the aims, purposes, fundamental principles, Constitution and By-laws of the Southern Medical Association. This organization to meet annually on the Monday preceding the regular annual session, to have no dues other than the regular dues of the Southern Medical Association, to have no constitution, by-laws, rules or regulations other than those provided for the Southern Medical Association, and to have the same rights and privileges granted the other sections and, in short, to be conducted exactly as the other sections. The Council wishes to congratulate the Association on this organization of Railway Surgeons. It is a splendid body of men and their program at this meeting was one of the best surgical programs ever gotten together.

"Practically all of the new business coming before the Council this year were certain resolutions read in the general session Tuesday morning. One of these, a resolution of Dr. G. T. Tyler, providing for a publicity committee. The Council approved Dr. Tyler's resolution and recommends that it be adopted in the following form: 'That a press bureau be created in this Association with the General Secretary as its Chairman, the object being recommended in Dr. Tyler's resolution to furnish the lay press with subject-matter pertaining to public health, sanitation, etc.' Dr. Tyler also offered a resolution providing that members of this Association should in medical contributions endeavor to support only those medical journals which have followed the lead of the Journal of the American Medical Association and the Journal of the Southern Medical Association in regard to the advertising carried in these journals for proprietary medicines. This resolution of Dr. Tyler's, after lengthy discussion, was tabled.

"Since the study of tropical diseases and the discussion of the problems of preventive medicine are among the most important functions of the Southern Medical Association, and are much the same as those of the physicians connected with the United States Public Health Service, the United States Army, the United States Navy, and the Sanitary Department of the Canal Zone; and since the co-operation of the men connected with those departments of the government have added greatly to the success of this and former meetings and their co-operation in the future is greatly to be desired; the Council recommends that the physicians connected with the United States Public Health Service, United States Army, the United States Navy, and the Sanitary Department of the Canal Zone be elected members of the Southern Medical Association, and that their dues shall be remitted each year, but The Southern Medical Journal shall not be sent except upon the payment of the annual subscription of ($3.00) three dollars. This is in accordance with the original Constitution and By-laws of the Southern Medical Association, which makes the physicians connected with the branches of the government just mentioned eligible to membership in the Southern Medical Association. The affiliation of the surgeons and physicians in the government services with the Southern Medical Association will stress the fact that it is not in any sense a section organization from the narrow viewpoint of sectional prejudice.

"At the Jacksonville meeting of the Southern

Medical Association a resolution was adopted endorsing the movement for erection of a monument to the memory of Samuel Preston Moore Surgeon-General of the Confederate Army. Dr. Lewis, of Washington, has brought to the attention of the Council the desirability of appointment of a committee of the Southern Medical Association to co-operate with the committee from the Virginia State Medical Society to aid in this most commendable effort to perpetuate the memory of one of the South's great physicians. The Council recommends that such a committee be appointed.

"The resolutions that were offered last year after Council had adjourned were also taken up and discussed at this meeting. The resolution of Dr. C. E. Terry, of Jacksonville, providing for a change in the method of selecting councilors was not approved. The resolution of Dr. J. A. Hayne, that the officers of this Association shall be nominated and elected from the floor was not approved because your Constitution and By-laws already provide that this be done. The resolution of Dr. Hayne providing that each of the sections of this Association be allowed a representative in the Council was approved.

"Some of these recommendations will require a change in your Constitution and By-laws, and as you know such change cannot be made excepting by two-thirds affirmative vote of all the members registered at any annual meeting, and I very much fear that there are not that many present this morning, we will, therefore, ask the chair to rule on that point before putting any of these questions to vote.

"In closing, the Council wants to express, if possible, its appreciation for the splendid manner in which our retiring President has entertained this Association at this meeting. There has never been anything like it in the history of this Association. The Council wishes also to congratulate you on something that I believe has never occurred before in the history of any organization whatever, and that is the absolute absence of anything remotely resembling politics. The members of your Council, as you know, constitute your nominating committee, and have been here since Monday, and not a single member of that Council has been approached in any way or even has been asked the question, "Who is going to be our next President?" This, to my mind, is the most gratifying incident, if I may so call it, of this wonderfully gratifying meeting of the Southern Medical Association."

THE PRESIDENT: You have heard the report of the Council. What is your pleasure?

It was moved that the report be received.

Seconded and carried.

DR. JAMES M. JACKSON, Florida: I move that that portion of the report of the Council relating to the entertainment and hospitality we have received in Richmond be adopted by a rising vote.

Seconded and unanimously carried.

THE PRESIDENT: The report is still before you, with the exception of the clause already acted upon.

It was moved that the report be adopted. (Seconded.)

DR. J. A. HAYNES, South Carolina: Is there a two-thirds majority here or not?

THE PRESIDENT: There is not, and nothing in this report creating any change in the by-laws is effective. That is the ruling of the Chair. We have a curious restriction which was put in the by-laws some years ago prohibiting any change from being made when there are only a few members present. In order to change the by-laws, it requires a two-thirds affirmative vote of all members registered at the meeting, so that nothing can be done in that regard except by unanimous vote.

It was moved that the report be adopted.

Seconded and carried.

Under the head of "New Buisness," Dr. Tom A. Williams, Washington, D. C., offered the following amendment to the by-laws, which was referred to the Council, to be reported on at the next annual meeting:

AMENDMENT TO BY-LAWS.

Chapter II, Sec. 3.

That no paper on a program be permitted to encroach upon the following session, and that, as far as possible, all papers, especially in symposia, be presented at the hour listed on the program. To this end it is recommended that readers endeavor to present their material in symposia so far as is possible.

Papers not reached before the end of the session for which they are listed shall be read, if possible, at the conclusion of each day, and if not, at the end of the meeting.

THE PRESIDENT: Is there any further new business? If not, is there anything under "Unfnished Business?"

THE SECRETARY: Next comes the report of the Nominating Committee.

DR. H. H. MARTIN read the report of the Nominating Committee as follows:

President—Dr. Oscar Dowling, Shreveport, La.

First Vice-President—Dr. R. C. Dorr, Batesville, Ark.

Second Vice-President—Dr. McGuire Newton, Richmond, Va.

DR. MARTIN also reported that the term of the Secretary-Treasurer, Dr. Seale Harris, would not expire for two more years, hence there was no election necessary for this office.

THE PRESIDENT: The first officer to be elected is that of President. A nomination is made by the Council. The Chair is ready to receive nominations from the floor.

DR. FRED J. MAYER, Louisiana: I move that

nominations be closed, and that Dr. Dowling be elected President by acclamation.

Seconded and carried.

THE PRESIDENT: The next order is the election of First Vice-President.

DR. ARTHUR T. M'CORMACK, Kentucky: I move that nominations be closed, and the Secretary be instructed to cast the ballot of the Association for Dr. Dorr, Batesville, Ark., as First Vice-President.

Seconded and carried.

THE PRESIDENT: Second Vice-President.

It was moved that nominations be closed and that Dr. McGuire Newton be elected Second Vice-President by acclamation.

Seconded and carried.

THE PRESIDENT: Place of next meeting.

The Secretary read a grapevine telegram as follows:

Dallas, Texas, November 12, 1914.

Southern Medical Association, Richmond, Va.:

There is great rejoicing among the undertakers of Dallas over the rumor announced in extra papers that the Southern Medical Association will meet in this city in 1915. Answer quick. Is it true? If any one doubts the truth of the statements made by the Dallas delegation call on us for proof, particularly as to the end results and mortality of surgery and medicine in Dallas and Fort Worth.

Boyd and Cary may have forgotten to mention the most remarkable phenomena that occurs in all nature and may be seen every fair day in Dallas, namely, that the sun rises in the east just outside of Dallas and sets on its western horizon.

Assure the members of the Association that we will be delighted to make liberal contributions for their entertainment and to aid in arranging daily clinics for them. Tell them to come and bring their surgical instruments, medicines and medical appliances. Send Cary, Boyd and all other Dallas and Forth Worth doctors home as soon as possible. Business was bad enough on account of the war, but since they left there is nothing doing with us. We cannot live without them. We learn that all the members of the Bankers' Association who were recently in Richmond want to move there, but "for the love of Mike" send our doctors home.

THE LAST MAN CALLED,
Secretary of Dallas and Fort Worth Funeral Directors and Embalmers' Association.

The Secretary stated that the Council, after considerable debate and the withdrawal of several cities, unanimously selected Dallas, Texas, as the next meeting place.

DR. FRED J. MAYER: I move the selection be made unanimous.

Seconded and carried.

THE PRESIDENT: The Chair will appoint Drs. Jackson and McRae to escort the newly-elected President, Dr. Dowling, to the platform. (Applause.)

President McGuire, in introducing his successor, said:

Dr. Dowling was asked to act as wet nurse for this Association when it was a puny infant, and now it is lusty and vigorous and growing rapidly, and likely to be rebellious, he is again called to take charge of its affairs. I can assure you, Dr. Dowling, that my term of office has been one of unalloyed pleasure, and I trust that yours will be equally so.

I now take great pleasure in placing this heavy gavel into a strong hand. (Applause.)

Dr. Dowling, in accepting the Presidency, said:

Mr. President and Gentlemen:

This is a great pleasure because a great honor. To be President of an association having as members men of the South foremost in the medical profession is indeed gratifying; as an expression of your confidence it is most keenly appreciated. I esteem it also a privilege and a mark of high preferment, that I shall have place on the honor roll with my distinguished predecessors who have served with such zeal and wisdom.

Your President, in his review of my connection with the Association in the past, left out an important point—my pleasure in watching the organization grow. Efforts put forth for advancement brought full compensation, for I had the vision of today—a thousand members, intelligent and purposeful men and women, united in thought and action for the alleviation of pain and the substitution of health for human beings; yes, of tomorrow with an ever-increasing number having in mind the same high and noble purpose.

In the days of struggle there were many physicians who thought because regional such an association as this was not needed. In many lines of social and professional effort the judgment holds good, but the peculiar health and disease problems of our Southern States make necessary and helpful an organization which can concentrate its forces in the lines pertinent to conditions. It makes possible both a unity of purpose and a differentiation of effort the results of which are of assistance to all.

As proof, I need but to call your attention to the program of the past four days. Every speaker presented a subject vital to the welfare of the Southern people. The topics are familiar. In the domain of medicine, fields have lain fallow because we lacked tools—knowledge. The records of this meeting are evidence of a widening of activities, a growth in experimentation and a zeal in investigation which give conclusions and forecast discoveries of inestimable value to individual men and women and, therefore, society.

May I take a few moments to point out what seem to me the strategic points in our warfare against disease and ignorance—terms which are almost synonymous. The subject most vital to progress is accurate reports, mortality and morbidity. Until we have these records we are groping blindly as to constructive methods and improvement in fundamentals. Without this data in the control of infectious diseases we are

also powerless. Records of births, likewise, are of the greatest importance. Every physician, whether he will or no, bears part of this responsibility; he is in possession of the facts; it lies with him whether these reports shall be sent promptly to the proper authorities. The physician, too, has within his sphere of influence the education of the people as to the value and necessity of such records. If in the coming year you wish our efforts to be more effective than ever before in the history of the Association, send in at once, though taxing and inconvenient, such reports as are exacted or needed by city, county or State officers.

In the apparently increasing prevalence of pellagra we have an additional obligation to investigation, accurate and scientific, of any facts which may lead to absolute certainty as to the cause. Dr. Wiley aptly says: "A little common sense applied to the patent medicine fake dissolves it just as salt does a garden slug." Formerly, physicians themselves were at the mercy of dishonest manufacturers of these medicines—so-called. Men having no knowledge of chemistry or pharmacy assumed to teach men with degrees in both how to treat disease. The doctor, as well as his patient, was deceived. We are emerging; you know the steps toward enlightenment of the public; how hardly won; and in spite of the publicity given these fraudulent preparations we know the blind faith of the credulous multitude which yet obtains. Following the example of the American Medical Association, the Louisiana State Board of Health for two years has been making laboratory investigations of contents of fake nostrums. In addition, hundreds of letters from promoters of fraudulent cures are already in our files. Equally as important, we have been working to make illegal fraudulent advertising. Fortunately for Louisiana, in July, the General Assembly passed a prohibitory law introduced by Mr. Manion, modeled after Samuel Hopkins Adams' Printers Ink Bill. With facts as evidence and the backing of the law it will be a pleasant duty to make an effort to dislodge the enemy. In this I ask your active assistance.

There never was an age in the world's history when the physician had an outlook so inspiring and opportunity for service so great. It is equally clear that desired honors and satisfaction in achievement imply in our profession lessened suffering, therefore increased pleasure and happiness for the men and women we serve.

Gentlemen, I congratulate you on this great meeting. For the coming year I bespeak your support and your co-operation in the three lines suggested—gathering of statistical records, investigation of facts pertaining to cause and cure of pellagra, and the awakening of the public to the "No-accountness of patent nostrums." Further, that we continue to be of one mind in our personal and daily efforts to raise the standard of health and lower the death rate of our citizens. Once more, I wish to express my appreciation of the honor conferred.

The President appointed Drs. Cary and DuBose to escort Dr. Dorr to the platform.

Dr. Dorr, in accepting the First Vice-Presidency, said:

I do not want to consume any of the time of this body, but I do feel that it is an honor, a great honor, that you have conferred upon me. It is not altogether due to myself that I got this position, but that you wanted to see Arkansas represented. I thank you sincerely for giving me this pleasure. (Applause.)

THE PRESIDENT: I will ask Drs. Clark and Crawford to escort Dr. McGuire Newton to the platform.

DR. M'CORMICK: I would request that Dr. Newton be received on the stage by the audience standing as he comes in. (Applause.)

Dr. Newton said:

Members of the Southern Medical Association: I wish to expres my appreciation of the honor you have conferred upon me in electing me as your Second Vice-President. I feel that in so doing you are recognizing the work of the able committee with which I have been associated in preparing for your entertainment. Unfortunately, I was more conspicuous than the rest of the members, but they deserve the credit they should have received and not I. It has been a great pleasure to us to make preparations for your entertainment during these four days, and it is gratifying to us to see that our efforts and entertainments have been appreciated. (Applause.)

THE PRESIDENT: Is there any further business to come before the meeting?

DR. H. H. MARTIN:

I simply want to remind the Association that at the Jacksonville meeting in 1912 a fund was provided for a medal to be given in the discretion of the Council for original research work. During the two years that have elapsed since that time there is only one member of this Association who has done research work of the kind which we delight to recognize, and that is Dr. C. C. Bass, of New Orleans. Dr. Bass is the sole owner of one of our medals, and he is going to remain the sole owner of one of those medals until some one does something equally meritorious. We are not going to make the medal cheap. That medal has not been awarded this year nor last year, simply because your Council is not convinced that anything has been done of sufficient merit as yet, but we hope that some member of this Association will acquit himself in such a way that the following year we can again present that medal. (Applause.)

As there was no further business to come before the meeting, on motion the Association then adjourned, immediately after which the various sections reassembled for scientific work.

SECTION ON MEDICINE.

Dr. Robert Wilson, Jr., Chairman, Charleston, S. C.

Dr. Wm. Leroy Dunn, Vice-Chairman, Asheville, N. C.

Dr. Randolph Lyons, Secretary, New Orleans, La.

TUESDAY, NOVEMBER 10, 1914, 2:30 P.M.

The Section was called to order by the Chairman.

Chairman's Address: "Some Medical Aspects of the American Negro," Robert Wilson, Jr., Charleston, S. C.

SYMPOSIUM ON TUBERCULOSIS.

Dr. Charles H. Cocke, Asheville, N. C., read a paper entitled "Early Diagnosis of Tuberculosis, the Essential Factor in Prevention and Cure."

Dr. Thompson Frazer, Asheville, N. C., read a paper on "The Significance of the von Pirquet Test."

Dr. W. S. Rankin, Raleigh, N. C., read a paper entitled "A State Policy in the Management of Tuberculosis."

Dr. G. M. Cooper, Clinton, N. C., followed with a paper entitled "The Federal Government and Our Tuberculosis Problem."

Dr. J. J. Lloyd, Catawba Sanatorium, Virginia, read a paper entitled "Tuberculosis Sanitoria in the South (County, District, State)."

Dr. C. L. Minor, Asheville, N. C., read a paper entitled "Treatment of Pulmonary Tuberculosis by Artificial Pneumothorax."

Dr. Mary E. Lapham, Highlands, N. C., read a paper entitled "The Pleural Effusions of Artificial Pneumo-Thorax."

The symposium was discussed by Drs. W. S. Leathers, C. W. Stiles, Charles L. Minor, Thompson Frazer, W. L. Dunn, E. C. Thrash, William S. Kirk, W. E. Driver, D. M. Malloy, and the discussion closed by Drs. Cocke, Frazer, Loyd, Minor and Lapham.

Wednesday, November 11, 9:45 a.m.

The Section was called to order by the Vice-Chairman, Dr. W. L. Dunn.

Dr. Camp Stanley, Washington, D. C., read a paper entitled "Duodenal Alimentation," which was discussed by Drs. J. Clarence Johnson, Philip S. Roy, and the discussion closed by the essayist.

Dr. Douglas Vander Hoof, Richmond, Va., followed with a paper entitled "The Causes of Indigestion: A Study of One Thousand Cases."

This paper was discussed by Dr. George T. Tyler.

SYMPOSIUM ON SYPHILIS.

Papers were read as follows:

1. "Syphilis of the Heart," by Stewart R. Roberts, Atlanta, Ga.

2. "Concerning Syphilis in the American Negro," by Drs. K. M. Lynch, B. K. and G. F. McInnes, Charleston, S. C.

3. "Syphilis of the Nervous System," by Dr. J. P. Munroe, Charlotte, N. C.

4. "The Treatment of Syphilis," by Dr. E. H. Martin, Hot Springs, Ark.

5. "Etiology and Treatment of Tabes Dorsalis and Paresis," by Dr. Estill D. Holland, Hot Springs, Ark.

6. "Atypical Neurological Syphilis," by Dr. Beverly R. Tucker, Richmond, Va.

The symposium was discussed by Drs. E. G. Ballenger, J. K. Hall, A. J. Crowell, Lewis W. Elias, Dr. Faison, Dr. W. W. Hawke, and the discussion closed by Drs. Roberts, Lynch, Munroe, Martin and Holland.

Dr. T. H. Weisenburg, Philadelphia, gave a talk on "Nervous and Mental Diseases," which was illustrated by motion pictures.

On motion of Dr. Townsend, a rising vote of thanks was extended to Dr. Weisenburg for his very instructive and interesting illustrated talk.

The talk was discussed by Drs. Beverly R. Tucker, Tom Williams, A. J. Hodges, and the discussion closed by Dr. Weisenburg.

On motion, the Section adjourned until 2:30 p.m.

WEDNESDAY, NOVEMBER 11, 2:30 P.M.

The Section was called to order by the Chairman.

Symposium on Malaria.

Papers were read as follows:

1. "Malaria Carriers and the Important Role They Play in the Persistence and Spread of Malaria," by Dr. C. C. Bass, New Orleans, La.

2. "Plan for a Campaign Against Malaria," by Mr. L. O. Howard, Washington, D. C, which was read by Mr. D. L. Van Dine, in the absence of the author.

3. "The Effects of Impounded Water in the Production of Malaria: A Preliminary Note," by Dr. H. R. Carter, United States Public Health Service, Washington, D. C.

4. "Some Malarial Cases of the Eastivo-Autumnal Type Treated With Quinin Intravenously," by Dr. T. E. Wright, Monroe, La.

5. "Report of the Malaria Commission," by Dr. C. C. Bass, New Orleans.

The symposium was discussed by General W. C. Gorgas, U. S. Army; W. H. Deaderick, W. S. Rankin, James A. Haynes, W. E. Driver, Fred J. Mayer, F. A. Coward, D. M. Malloy, H. R. Carter, and the discussion closed by Mr. Van Dine, Drs. Bass, Carter and Wright.

Dr. E. C. Thrash, Atlanta, Ga., read a paper entitled "Heart Arrhythmias."

On motion of Dr. Bass, the Section adjourned.

THURSDAY, NOVEMBER 12, 9:30 A.M.

The Section was called to order by the Chairman.

Dr. Alexander G. Brown, Jr., Richmond, Va., read a paper entitled "The Heart in Common Types of Liver Diseases."

Discussed by Drs. J. G. Nelson, James V. Freeman, E. C. Thrash, and the discussion closed by the essayist.

Dr. F. B. Johnson, Charleston, S. C., read a paper on "Filarial Infection," which was discussed by Drs. C. C. Bass, James V. Freeman, and in closing by the essayist.

Dr. W. H. Deaderick, Hot Springs, Ark., read a paper entitled "The Diagnosis of Diseases Associated with Splenomegaly," which was discussed by Dr. J. B. McElroy, and in closing by the essayist.

Dr. H. L. McNeil, of Houston, Texas, read a paper entitled "Report of Fifty Cases of Infection with Intestinal Parasites, with an Attempt to Study Some of the Symptoms Caused by Them," which was discussed by Dr. Randolph Lyons, and in closing by the essayist.

Dr. Randolph Lyons, New Orleans, read a paper entitled "Emetin in Amebiasis and Other Affections," which was discussed by Dr. C. C. Bass.

Dr. Clarence A. Rhodes, Atlanta, Ga., read a paper on "Some of the Reasons Why Southern Pediatrists Should Organize," which was discussed by Drs. McGuire Newton, Dr. Faison, C. V. Stephenson, Lewis W. Elias, and in closing by the essayist.

Adjourned.

THURSDAY, NOVEMBER 12, 2:30 P.M.

The Section was called to order by the Chairman.

Dr. Frank A. Jones, Memphis, Tenn., read a paper on "The Present Status of Blood Pressure," which was discussed by Drs. Charles L. Minor, James V. Freeman, E. F. Clark, Dr. Prendergast, J. G. Nelson, J. B. McElroy, T. A. Coward, Tom Williams, W. S. Gordon, and in closing by the essayist.

Dr. J. A. Hodges, Richmond, Va., read a paper entitled "Neuroses in Their Relation to Chronic Infections."

This paper was discussed by Drs. F. H. Clark, W. S. Gordon, Tom Williams, and in closing by the essayist.

Dr. Tom Williams, Washington, D. C., followed with a paper entitled "Remarks on the Intrathecal Infection as a Factor in Improvement of Tabes Dorsalis After Salvarsan."

Discussed by Drs. W. S. Gordon, Dr. Ward, J. A. Hodges, and in closing by the essayist.

Dr. F. A. Coward, Columbia, S. C., read a paper entitled "Experimental Work in the Prevention and Treatment of Rabies by Drugs."

The paper was discussed by Dr. C. C. Bass, and discussion closed by the essayist.

The Section elected the following officers for the ensuing year: Chairman, Dr. William A. Deaderick, Hot Springs, Ark.; Vice-Chairman, Dr. Charles L. Minor, Asheville, N. C.; Secretary, Dr. Stewart R. Roberts, Atlanta, Ga.

Chairman Wilson thanked the members of the Section for the consideration they had shown him during the present session of the Southern Medical Association, which he said had make his task of presiding pleasant and easy.

Dr. Deaderick, in accepting the Chairmanship of the Section, said: "I want to thank you from the bottom of my heart, as I consider this the highest honor in the Southern Medical Association, and I shall cherish it as long as I live." (Applause.)

Dr. J. M. Jackson, of Miami, Fla., moved that the thanks of the Section be extended to the Chairman, the Vice-Chairman and Secretary for the most excellent program provided for this meeting.

Seconded and carried.

On motion, the Section adjourned sine die.

SECTION ON PUBLIC HEALTH.

Dr. R. M. Cunningham, Chairman, Birmingham, Ala.

Dr. A. T. McCormack, Vice-Chairman, Bowling Green, Ky.

Dr. W. S. Leathers, Secretary, University, Miss.

MONDAY, NOVEMBER 9, 9:30 A.M.

The Section was called to order by the Chairman, Dr. R. M. Cunningham, of Birmingham, Ala., presiding. The Vice-Chairman, Dr. A. T. McCormack, of Bowling Green, Ky., and the Secretary, Dr. W. S. Leathers, of University, Miss., were also present.

The first paper on the program was entitled "Health: A National Asset," read by Dr. Fred Mayer, of Opelousas, La. Discussed by Dr. A. W. Freeman, of Richmond, Va.; Dr. Claude Smith, of Atlanta, Ga., and Dr. William A. Boyd, of Columbia, S. C.

"The Present Status of the Local Health Administration: The Outlook," by Dr. Oscar Dowling, of New Orleans, La. Discussed by Dr. Ennion G. Williams, of Richmond, Va.; Dr. James A. Hayne, of Columbia, S. C.; Dr. Dawson, of North

Carolina; Dr. Molloy, of North Carolina; Dr. McCormack, of Bowling Green, Ky.; Dr. R. M. Cunningham, of Birmingham, Ala.; Dr. Oscar Dowling, of New Orleans, La.; Dr. Hayden, Dr. Harris, of Texas; Dr. Jackson, of South Carolina, and Dr. J. LaBruce Ward, of Columbia, S. C.

"Some Observations and Suggestions Relative to Municipal Sanitation," by Dr. W. H. Rowan, of Jackson, Miss.

Upon motion, the meeting adjourned for lunch and the discussion of Dr. Rowan's paper was deferred until the afternoon.

MONDAY, NOVEMBER 9, 2:30 P.M.

Section called to order by the Chairman, Dr. Cunningham, and the discussion of Dr. Rowan's paper was continued by Dr. A. T. McCormack, of Bowling Green, Ky.

"Sanitary Markethouses," by Dr. Mosby G. Perrow, of Lynchburg, Va. Discussed by Dr. R. K. Flannagan, of Richmond, Va.

"Medical Inspection of Rural Schools," Dr. R. K. Flannagan, Richmond, Va.

Discussed by Dr. Rosa H. Gantt, of Spartanburg, S. C.; Dr. M. G. Perrow, of Lynchburg, Va.; Dr. F. J. Mayer, of Opelousas, La.; Dr. R. M. Cunningham, of Birmingham, Ala.; Dr. R. K. Flannagan, of Richmond, Va.

Next the Symposium on Vital Statistics was taken up and the first paper read was on the subject of "The Importance of Vital Statistics to the South," by Hon. W. J. Harris, Director U. S. Census Bureau, Washington, D. C.

"Difficulties Encountered in Securing Admission to the Registration Area for Deaths," by Dr. W. A. Plecker, of Richmond, Va.

"Methods Used in Securing the Co-operation of Physicians," by Dr. W. L. Heizer, of Bowling Green, Ky.

"Basic Principles of Organization," by Dr. F. L. Watkins, of Jackson, Miss.

Discussion of the symposium by Dr. James A. Hayne, of Columbia, S. C.; Dr. Oscar Dowling, of New Orleans, La.; Dr. F. A. Coward, of Columbia, S. C.; Dr. A. T. McCormack, of Bowling Green, Ky.; Dr. E. C. Levy, of Richmond, Va.; Dr. R. K. Flannagan, of Richmond, Va.; Dr. W. A. Plecker, of Richmond, Va.; Dr. R. M. Cunningham, of Birmingham, Ala., and closed by Hon. W. J. Harris, of Washington, D. C.

By invitation, Dr. Jos. C. Bloodgood, of Baltimore, Md., and the Attorney-General of Virginia, Hon. John Garland Pollard, made brief addresses on the general subject of the importance of vital statistics.

Adjournment was then taken to 9:30 Tuesday morning, when the Section met with the General Association in the Auditorium.

On Tuesday afternoon the Public Health Section met the Section on Medicine in a symposium on Tuberculosis.

WEDNESDAY, NOVEMBER 11, 9:30 A.M.

Section was called to order by Dr. A. T. Mccormack, of Bowling Green, Ky.; Dr. W. E. West, man of the section, and a Symposium on Hookworm Disease was the first order of the day.

"Diagnosis in Hookworm Disease," by Dr. J. LaBruce Ward, of Columbia, S. C.

"Immunity of the Negro to Hookworm Disease" (with lantern slides), by Dr. Claude A. Smith, of Atlanta, Ga.

Discussed by Dr. C. W. Stiles, U. S. P. H. S., of Wilmington, N. C.; Dr. James A. Hayne, of Columbia, S. C.; Dr. J. A. Ferrell, of Washington, D. C.; Dr. S. D. Porter, of New Orleans, La.; Dr. J. L. Jelks, of Memphis, Tenn.; Dr. Brumfield, of Virginia; Dr. W. A. Plecker, of Richmond, Va.; Dr. C. W. Garrison, of Little Rock, Ark.; Dr. Claude A. Smith, of Atlanta, Ga.; Dr. A. T. McCormack, of Bowling Green, Ky.; Dr. W. E. West, of Meherrin, Va.; Dr. J. LaBruce Ward, of Columbia, S. C., and Dr. Smith, of South Carolina.

Then followed a Symposium on Pellagra, beginning with "Further Studies of the Robert M. Thompson Pellagra Commission; A Study of Personal Association Between Incident and Antecedent Cases as a Factor in the Etiology of Pellagra," by Dr. Philip A. Garrison, U. S. Navy, and Paul A. Schule, New York City, read by Dr. Garrison.

"Etiology of Pellagra," by Dr. Joseph L. Goldberger, U. S. P. H. S., of Washington, D. C.

"Treatment of Pellagra by Proper Diet, With a Report of Eleven Cases," by Dr. Y. A. Little, of Milledgeville, Ga.

"Pellagra Status in Panola County, Mississippi, with Remarks on Etiology and Treatment," by Dr. G. H. Wood, of Batesville, Miss.

Symposium discussed by Dr. J. L. Jelks, of Memphis, Tenn.; Dr. W. S. Leathers, University, Miss.; Dr. McNeal, of New York City; Dr. D. M. Molloy, of New Orleans, La.; Dr. F. A. Coward, of Columbia, S. C.; Dr. A. T. McCormack, of Bowling Green, Ky.; Dr. A. W. Freeman, of Richmond, Va.; W. A. Boyd, of Columbia, S. C.; Dr. W. E. Vest, of Meherrin, Va.; Dr. Abernethy, Raleigh, N. C., and Dr. Kirk, of North Carolina.

The hour being late, although the Section was much interested in the discussion, upon motion, by a close vote in which it was necessary to count heads, it was decided to adjourn for lunch.

WEDNESDAY, NOVEMBER 11, 2:30 P.M.

The Section met with the Section on Medicine in a Symposium on Malaria.

THURSDAY, NOVEMBER 12, 9:30 A.M.

Section was called to order by the Secretary, Dr. W. S. Leathers, of University, Miss.

The discussion of the Symposium on Pellagra was continued by Dr. Philip A. Garrison, of the U. S. Navy; Dr. Jos. A. Goldberger, of Washington, D. C., and Dr. G. H. Wood, of Batesville, Miss.

On motion the paper of Dr. E. C. Levy, of Richmond, which had passed over in the Symposium on Vital Statistics, was read to the Section by Dr. Levy.

"Reduction in the Death Rate From Infantile Diarrhoea Through Measures Based on Recognition of the Part Played by Infection," by Dr. E. C. Levy, of Richmond, Va.

The Symposium on Typhoid Fever was then taken up as follows:

"Municipal Control of Typhoid Fever," by Dr. W. B. Foster, of Roanoke, Va.

"The Present Status of Typhoid Prevention in Southern Municipalities," by Dr. A. W. Freeman, of Richmond, Va.

Also a paper on "A Study of Public Health Administration in Two Hundred American Towns and Cities," by Dr. M. M. Carrick, of Dallas, Texas. (Read by title.)

A paper on "Practical Experience With the Protozoan Test as a Method of Improving Sanitation," was read by Dr. C. W. Stiles, U. S. P. H. S., of Wilmington, N. C.

The hour having now arrived for the general convocation of the Association in the auditorium, and the business of the Section having been about completed, the election of officers was taken up. On motion, duly seconded, Dr. A. W. Freeman, of Richmond, Va., was elected Chairman of the Section for the ensuing year; Dr. James A. Hayne, of Columbia, S. C., Vice-Chairman; Dr. W. S. Leathers, of University, Miss., was re-elected Secretary, and Dr. E. C. Levy, of Richmond, Councillor for the Section for 1914-1915.

Upon motion, the Section adjourned.

SOUTHERN STATES ASSOCIATION OF RAILWAY SURGEONS.

Dr. Duncan Eve, President, Nashville, Tenn.

Dr. Thomas H. Hancock, Vice-President, Atlanta, Ga.

Dr. Clarence H. Vaught, Secretary, Richmond, Ky.

MONDAY, NOVEMBER 9, 10:00 A.M.

Meeting called to order by the President.

The President announced that the officers had drafted rules to govern the conduct of the Association of Railway Surgeons. After these resolutions were read by the Secretary, the President asked for the approval of the same by the Association.

Rules.

1. The name and title of this Association shall be, "Southern States Association of Railway Surgeons."

2. The purposes of this Association shall be to bring into one organization all of the railway surgeons in the States represented by the Southern Medical Association, and who are members of that Association, so that by their meetings full and frank interchange of views may be had, and such intelligent unity and harmony in their labors may pertain as will elevate and make effective the opinions of the profession, in all scientific, legislative, public health, material and social affairs to the end that our department of railway surgery may receive that respect and support from the community to which its honorable history and great achievements entitle it.

3. All surgeons of steam and electric railways who are members of the Southern Medical Association shall be eligible to membership.

4. Regular meetings of this Association shall be held at the same place the day preceding those of the Southern Medical Association.

5. The officers of this Association shall consist of a President, Vice-President and a Secretary. These officers shall be elected annually at the end of each meeting.

6. No amendment or alteration shall be made in any of these rules except at the annual meeting subsequent to that at which such an amendment or alteration may have been proposed, and then only by the voice of two-thirds of all the members in attendance and voting.

7. Order of Business or Procedure. The order of business or procedure shall be at all times subject to the vote of two-thirds of all the members in attendance and voting, otherwise it shall be as follows:

(1) Call to order by President.
(2) Reading minutes of previous meeting.
(3) Report of committees and officers.
(4) Reading and discussion of papers.
(5) Unfinished business and miscellaneous business.
(6) Election of officers by ballot.
(7) Adjournment.

8. Quorum. The members present at any meeting shall constitute a quorum, and a majority vote decides all questions unless otherwise provided for.

9. The rules of conducting business and procedures shall in all cases, so far as they are applicable and not incompatible with the Constitution and By-laws of the Southern Medical Association, be those in Cushing's Manual.

10. Any member who shall fail to pay dues to the Southern Medical Association for two suc-

cessive years shall be dropped from the roll, after having been notified by the Secretary-Treasurer of the forfeiture of his membership.

11. Resolutions amending, repealing or adding to these rules shall require a two-thirds vote of the members present and voting.

A motion was made by Dr. J. M. Jackson, of Florida, that the rules be referred to the Council for its approval.

Motion was seconded and unanimously carried.

After this the paper of Dr. Duncan Eve, on "Amputation of the Leg," was read.

This paper was referred to the Committee on Publication," as were also the papers of the Vice-President and the Secretary: "Treatment of Compound Fractures of the Leg," by Dr. Thomas H. Hancock, Atlanta, Ga., Vice-President, and "Railway Sanitation," by Dr. Clarence H. Vaught, Richmond, Ky., Secretary.

Papers were read at the morning session as follows:

"First Aid to the Injured," Dr. L. E. Burch, Nashville, Tenn.

"The Instruction of Railway Employes in the Practical Application of First Aid to the Injured," Dr. J. M. Salmon, Ashland, Ky.

Discussed by Drs. Hancock, Vaught, Hanley, Hoffman, Smith and Gessner.

"Severe Crushing Injuries to the Knee Joint," Dr. W. F. Smith, Little Rock, Ark.

"The Accomplishments in Railway Surgery," Dr. H. P. Linsz, Wheeling, W. Va.

Discussed by Dr. Samuels.

No discussion.

An invitation was extended to the surgeons to visit the American Red Cross instruction car No. 3, at the A. C. L. Station. This car is sent out for the purpose of instructing the surgeons in first aid to the injured after an accident.

The meeting then took a recess until 2:00 o'clock.

MONDAY, NOVEMBER 9, 2:00 P.M.

Papers read as follows:

"The More Common Injuries to the Eye in Railroad Employes, and the Treatment," Dr. J. A. Stucky, Lexington, Ky.

Discussed by Drs. Miller, Briggs, Ward, Linsz.

"Some of the Troublesome Sequelae in Accident Cases," Dr. Southgate Leigh, Norfolk, Va.

Discussed by Drs. Samuels, Vaught and Hanley.

"The Central Nervous System in Its Relation to Certain Traumatic Affections," Dr. J. Norment Baker, Montgomery, Ala.

Discussed by Drs. Tom A. Williams and Samuels.

"A Simple Emergency Splint for the Local Railway Surgeons," Dr. Jos. L. Miller, Thomas, W. Va.

"Report of a Case," Dr. C. V. Stevenson, Centerville, Tenn.

Discussed by Drs. Hancock, Mitchell and Newell.

"Fractures of the Femur with X-Ray Photo Results," Dr. J. H. Downey, Gainesville, Ga.

Discussed by Drs. Samuels and Hancock.

"Traumatic Emphysema and Empyena," Dr. E. T. Dickinson, Wilson, N. C.

No discussion.

"Compound Fractures and Dislocations of the Knee-Joint," Dr. Joel Crawford, Yale, Va.

Discussed by Drs. Leigh, Smith, Miller, Burke, Baker, Wall, Dickinson, Vaught, Haws, Linsz and Eve.

"Fractures: How Best to Get Union," Dr. Stephen Harnsberger, Catlett, Va.

Discussed by Drs. Graham, Leigh and Linsz.

Unfinished and Miscellaneous Business.

Upon motion of Dr. Vaught, unanimously carried, it was decided that the President appoint one representative doctor from each of the sixteen States, to act as a Committee on Transportation; this committee to confer with the Senators and Representatives of these various States and endeavor to secure transportation for as many as wish to attend the next annual meeting at Dallas. The list of names to be made out by the President and forwarded to the Secretary later.

Officers were elected as follows:

President, Dr. Thomas H. Hancock, Atlanta, Ga.

Vice-President, Dr. Southgate Leigh, Norfolk, Va.

Secretary, Dr. Clarence H. Vaught, Richmond, Ky.

Dr. Eve made a motion, and it was unanimously carried, that the Association recommend to the Council that $100 a year be allowed for the Secretary's work.

Dr. Eve also made a motion, which was carried, that the matter of a distinguishing button for the members of the Railway Surgeons' Association be left to the Council.

The program being finished, the meeting adjourned.

SECTION ON SURGERY.

Dr. P. C. Perry, Chairman, Jacksonville, Fla.

Dr. Isidore Cohn, Vice-Chairman, New Orleans, La.

Dr. John H. Blackburn, Secretary, Bowling Green, Ky.

TUESDAY, NOVEMBER 10, 2:30 P.M.

The Section was called to order by the Chairman.

Papers by Dr. P. C. Perry, of Jacksonville, and LeGrand Guerry, of Columbia, S. C., were read:

By Dr. Perry, Chairman's Address.

By Dr. Guerry, "Penetrating Gunshot Wounds of the Abdomen."

Discussed by Drs. Allen, of New Orleans; D. T. Tayloe, of Washington, N. C.; J. A. Taylor, of Columbia, S. C.; Hugh Carter, of Memphis, Tenn., and Dorr Dana, of New Orleans, La.

"What the Civil Surgeon Can Do for Military Surgery in Time of Peace," Dr. Joseph C. Bloodgood, of Baltimore, Md.

Discussed by Col. Charles Richard, U. S. Army; Dr. Gorgas, Surgeon General; Carroll W. Allen, of New Orleans, La.; Isidore Cohn, of New Orleans, La.; Seale Harris, of Mobile, Ala.; McCormick, of Kentucky; Shelton Horsley, of Richmond Va.; Dana, of New Orleans, La.; Taylor, of Columbia, S. C.; R. W. Knox of Texas.

"Threatened and Real Gangrene of the Extremities as Seen by the Modern Surgeon: Its Causes and Treatment," Dr. B. M. Bernheim, of Baltimore, Md.

Discussed by Dr. Guerry.

"The Importance of Destruction of the Cervical Mucosa in Subtotal Hysterectomy as a Cancer-Preventing Measure," Dr. George T. Tyler, Greenville, S. C.

Discussed by Dr. Kohlmann, of New Orleans, La.; Griffith, of Asheville, N. C.; Horgan Novek, of Baltimore, Md., and Richardson, of Baltimore.

Recess taken until 9:30 Wednesday morning.

WEDNESDAY, NOVEMBER 11, 9:30 A.M.

Papers read and discussed as follows:

"Tetany Following Partial Thyroidectomy," Dr. George Ben Johnston and S. W. Budd, of Richmond, Va.

Discussed by Drs. R. L. Payne, Jr., of Norfolk, and Carter, of Memphis, Tenn.

"Observations on Pituitary Extract," Dr. J. M. H. Rowand, Baltimore, Md.

Discussed by Drs. Dubose, of Selma, Ala.; Faison, of Charlotte, N. C.; Purington, of Durham, N. C.; Miller, of West Virginia; Horgan, of Virginia; Kohlmann, of Louisiana; Kessler, of West Virginia ;Crawford, of Mississippi; Griffith, of Asheville, N. C.; Gray, of Richmond, Va., and Winn, of Richmond, Va.

"The Use of a Clamp in the Removal of Vesical Tumors," Dr. Carroll W. Allen, of New Orleans, La.

No discussion.

"Repair of Fractures From an Experimental Viewpoint," Dr. Isidore Cohn, of New Orleans, La.

Discussed by Drs. Dunlap, Samuels, Dana and Michael Hoke.

"Conservative Treatment of Fractures," Dr. R. W. Knox, of Houston, Texas.

"Treatment of Un-united Fractures," Dr. Hugh H. Trout, Roanoke, Va.

Discussed by Drs. Payne, Jr., of Norfolk, Va.; Shelton Horsley, of Richmond, Va.; Cole, of Mobile, Ala.; Allen, of New Orleans, La.; Eve, of Nashville, Tenn.; Crook, of Memphis, Tenn.; Dana, of New Orleans, La.; Turner, of Mississippi, and Knox, of Texas.

WEDNESDAY, NOVEMBER 11, 2:30 P.M.

The following papers were read and discussed:

"Cases Illustrating Orthopedic Treatment of Some of the Disabilities Resulting From Infantile Paralysis; Moving Picture and Lantern Slide Demonstration," Drs. Michael Hoke and Fred G. Hodgson, Atlanta, Ga.

Discussed by Drs. Taylor, of Maryland, and Dunlap, of Washington.

"Recent Experiences in Spinal Surgery" (lantern slides), Dr. R. Tunstall Taylor, of Baltimore, Md.

Discussed by Dr. McGlannon.

"Pathology and Treatment of Cutaneous Cancer," Dr. Henry H. Hazen, Washington, D. C.

Discussed by Doctors McGlannon, Simpson and Samuel.

"Early Diagnosis of Cancer of the Rectum," Dr. E. H. Terrill, Richmond, Va.

Discussed by Drs. Samuel T. Earle of Md., Jelks of Memphis, and Stephen Watts of Charlottesville.

"The Acute Surgical Abdomen," Dr. Floyd W. McRae, Atlanta, Ga.

"The Technique of Intestinal Suturing" (with lantern slides), Dr. J. Shelton Horsley, Richmond, Va.

"The Importance of the Sigmoid Adhesion" (lantern slides), Dr. H. A. Royster, Raleigh, N. C.

"Choice of Operation in Intestinal Obstruction," Dr. Jos. Graham, Durham, N. C.

Discussed by Doctors Watts, S. S. Gale, Crawford, Horgan, Rodgers, Harris, Glenn.

THURSDAY, NOVEMBER 12, 9:30 A.M.

"The Appendix: Has the Last Word Been Said About it?" Dr. W. Lowndes Peple, Richmond, Va.

Discussed by Drs. McRae, Stuart McGuire, R. B. Williams.

"A New Method of Disposing of the Stump of the Appendix After Its Removal," Dr. J. H. Carter, Memphis, Tenn.

"X-Ray Studies of the Appendix," Dr. J. W. Squires, Charlotte, N. C.

Discussed by Drs. Graham and Leigh.

Officers for ensuing year were elected as follows:

Chairman—Dr. Isidore Cohn, of New Orleans.

Vice-Chairman—Dr. John H. Blackburn, Bowling Green, Ky.

Secretary—Dr. T. Webb Griffith, of Asheville.

"Safeguarding in Prostatectomy," Dr. Southgate Leigh, Norfolk, Va.

Discussed by Drs. Graham, Bryan, Ainsworth and Harris.

"Some Experimental Work on the Circulation of the Testicle," Dr. Herman B. Gessner, New Orleans, La.

Discussed by Doctors Horsley, DuBose and Williams.

"Abdominal Anomalies," Dr. F. G. DuBose, Selma, Ala.

Discussed by Doctors Gessner, Griffith and Coleman.

"End Results of Round Ligament Fixation," Dr. W. Kohlman, New Orleans, La.

Discussed by Drs. DuBose, Horgan, Rodgers, Stuart, McLean, Harris (U. S. N.).

"Complement—Deviation Test as a Guide in Infections of the Urethra, Prostate and Vesicles," Drs. T. V. Williams, Norfolk, Va., and S. W. Budd, Richmond, Va.

"Corrections of Harelip and Cleft Palate," Dr. W. A. Bryan, Nashville, Tenn.

Discussed by Doctors Harris, W. L. Rodman, Ainsworth, Bryan.

"Caesarean Section in Eclampsia and Nephritis," Dr. W. W. Crawford, Hattiesburg, Miss.

Discussed by Dr. Horgan.

"The Operative Treatment of Fractures," Dr. J. W. Long, Greensboro, N. C.

Discussed by Dr. Shelton Horsley.

SECTION ON OPHTHALMOLOGY, RHINOLOGY, OTOLOGY AND LARYNGOLOGY.

Dr. Homer Dupuy, Chairman, New Orleans, La.
Dr. W. S. Manning, Vice-Ch'm., Jacksonville, Fla.
Dr. K. S. Blackwell, Acting Sec'y, Richmond, Va.

TUESDAY, NOVEMBER 10, 2:30 P.M.

The Section was called to order by the Chairman.

The chairman announced the death of the Secretary, Dr. R. B. Nelson, of Memphis, and appointed Drs. Clifton M. Miller, Richmond, and R. W. Bledsoe, Covington, Ky., as a committee to draw up suitable resolutions.

Dr. J. A. Stucky, Lexington, Ky., introduced the following resolution, which he said had been introduced at the meeting last year too late for the Council to act upon:

Resolved by the Section on Ophthalmology, Rhinology, Otology and Laryngology of the Southern Medical Association, That the Council or House of Delegates appoint a standing committee on the conservation of vision. Also resolved that we endorse the policy of having the legislatures of the Southern States pass a law requiring the medical inspection of schools and requiring the use by school teachers of the test cards, as recommended by the committee of the American Medical Association for making preliminary tests of the eyesight of the pupils. This plan for preliminary testing of vision is already in operation in several states, and is endorsed emphatically by the Committee on the Conservation of Vision of the American Medical Association.

Dr. Stucky moved that this resolution be adopted. Seconded. Carried.

Dr. Homer Dupuy, New Orleans, then delivered the Chairman's address, taking for his subject, "The Reduction of Preventable Diseases in Ear, Nose and Throat Surgery."

The chairman stated that he had received a telegram from Dr. Marcus Feingold, of New Orleans, who was on the program to read the first paper, stating that owing to illness in his family he would not be able to be present. The chair said that knowing Dr. Feingold as he did, and knowing the excellent work that he was doing, he was sure that nothing but a very serious excuse had kept him away.

The chairman said that owing to the death of Dr. Nelson, Dr. McGuire had appointed Dr. K. S. Blackwell, of Richmond, to act as secretary during this meeting.

The following papers were read as a symposium on trachoma: "Trachoma," Dr. C. R. Dufour, Washington, D. C.; "Trachoma in Virginia," Dr. J. A. White, Richmond. These papers were discussed by Drs. J. A. Stucky, Lexington, Ky.; Clifton M. Miller, Richmond; Dunbar Roy, Atlanta; R. C. Buckner, Asheville, N. C.; J. W. Jervey, Greenville, S. C.; Drs. Dufour and White closing.

Dr. Dunbar Roy, Atlanta, read a paper entitled, "Further Observations on Vernal Conjunctivitis in the Negro." Discussed by Drs. J. W. Jervey, Greenville, S. C.; J. A. White, Richmond; C. R. Dufour, Washington; R. V. Brawley, Salisbury, N. C.; Dr. Roy closing the discussion.

Dr. James Bordley, Jr., Baltimore, read a paper on "Arthritis Associated with Infections of the Nose and Throat." Discussed by Drs. H. H.

Martin, Savannah; J. W. Jervey, Greenville, S. C.; R. W. Bledsoe, Covington, Ky.; Dunbar Roy, Atlanta; C. R. Dufour, Washington; Dr. Bordley closing.

Dr. H. H. Martin, Savannah, stated that it was getting late, and moved that the two remaining papers be made the first order tomorrow morning. Seconded and carried.

Adjournment.

WEDNESDAY, NOVEMBER 11, 9:30 A.M.

Section called to order by the Chairman.

Dr. W. P. Reaves, Greensboro, N. C., exhibited an instrument for removing adenoids and a two and a half m.m. punch for opening up the frontal duct. Discussed by Drs. C. R. Dufour, Washington; and Reaves.

Dr. T. W. Moore, Huntington, W. Va., read a paper on "Asthenopic Symptoms Relieved by Correcting Slight Errors of Refraction." Discussed by Drs. C. R. Dufour, Washington; J. F. Woodward, Norfolk; W. P. Reaves, Greensboro, N. C.; H. S. Hedges, Charlottesville, Va.; R. W. Bledsoe, Covington, Ky.; R. G. Buckner, Asheville, N. C.; W. H. Wilmer, Washington; E. W. Peery, Lynchburg, Va.; Dr. Moore closing.

Dr. W. H. Wilmer, Washington, read a paper on "Sclero-Corneal Trephining in Glaucoma." Discussed by Drs. Louis S. Greene, Washington; J. P. Calhoun, Atlanta; J. A. Stucky, Lexington, Ky.; R. W. Bledsoe, Covington, Ky.; Hilliard Wood, Nashville, Tenn.; Dr. Wilmer closing.

Dr. R. C. Dorr, Batesville Ark., read a paper on "Sarcoma of the Nasopharynx and Eyeball." Discussed by Drs. H. L. Dickson, Barry-Gould, Ark.; Hilliard Wood, Nashville; J. A. Stucky, Lexington, Ky.; T. W. Moore, Huntington, W. Va.; Dr. Dorr closing.

Dr. Richard H. Johnston, Baltimore, read a paper entitled, "Further Experiments with Straight Direct Laryngoscopy and Oesophagoscopy with Report of Cases." Discussed by Drs. J. G. Murphy, Wilmington, N. C.; J. A. Stucky, Lexington, Ky.; C. S. Dodd, Petersburg, Va.; J. W. Jervey, Greenville, S. C.; John L. Burgess, Waco, Texas; Hilliard Wood, Nashville, Tenn.; Dr. Johnston closing.

Dr. R. W. Bledsoe, Covington, Ky., read a paper entitled, "Acute Traumatic Purulent Otitis Media — Mastoiditis — Temporo-Sphenoidal Abscess — Operations—Recovery." No discussion.

The Chairman: Dr. Bird has sent a telegram saying that he could not come. He has sent his paper, and the chair will rule that papers sent by members not present with the paper will not be read by title.

The Chairman appointed the following as members of the examining committee: Drs. J. A. Stucky, Lexington, Ky.; J. W. Jervey, Greenville, S. C.; and S. Kirkpatrick, Selma, Ala.

Adjourned at 12:30 p.m.

WEDNESDAY, NOVEMBER 11, 2:30 P.M.

Section called to order by the Chairman.

Dr. F. P. Calhoun, Atlanta, read a paper entitled, "Report of a Case of an Abscess of the Frontal Lobe, Secondary to Frontal Sinusitis—Operation—Recovery." Discussed by Drs. R. W. Bledsoe, Covington, Ky.; H. H. Martin, Savannah; Dr. Calhoun closing.

Dr. H. H. Martin, Savannah, read a paper entitled, "Some Recent Surgery of Cranial Nerves for the Relief of Headaches and Other Neuroses." Discussed by Drs. W. P. Reaves, Greensboro, N. C.; J. W. Jervey, Greenville, S. C.; J. B. Greene, Asheville, N. C.; J. A. Stucky, Lexington, Ky.; Dr. Martin closing.

Dr. J. W. Jervey, Greenville, S. C., read a paper on "Vascular Ligation in the Tonsillar Fossa." Discussed by Drs. J. G. Murphy, Wilmington, N. C.; Lee Cohen, Baltimore; C. R. Dufour, Washington; H. S. Hedges, Charlottesville, Va.; H. H. Martin, Savannah; T. W. Moore, Huntington, W. Va.; R. W. Bledsoe, Covington, Ky.; Dr. Jervey closing.

Dr. J. A. Stucky, Lexington, Ky., read a paper on "The Relation of Pathological Conditions in Oto-Rhinology to General Medicine and Surgery." Discussed by Drs. H. H. Martin, Savannah; J. W. Jervey, Greenville, S. C.; J. B. Greene, Asheville, N. C.; Dr. Stucky closing.

Dr. E. H. Cary, Dallas, Texas, read a paper on "Spontaneous Rupture of Lateral Sinus, with General Septicemia in Ulcerative Sinusitis." Discussed by Drs. J. W. Jervey, Greenville, S. C.; F. P. Calhoun, Atlanta; Dr. Cary closing.

Dr. John Dunn, Richmond, read a paper on "An Easy Method of Obtaining a Satisfactory Opening into the Maxillary Antrum." Discussed by Drs. H. S. Hedges, Charlottesville, Va.; J. A. Stucky, Lexington, Ky.; C. R. Dufour, Washington; John F. Woodward, Norfolk; Dr. Dunn closing.

Dr. H. O. Reik, Baltimore, read a paper entitled, "Report of a Case of Cerebral Abscess, Secondary to Chronic Suppurative Otitis Media, Cured by Surgical Intervention." Discussed by Dr. E. H. Cary, Dallas, Texas.

Dr. John F. Woodward, Norfolk, read a paper entitled, "Neglected Eyes—The Cost." Discussed by Dr. C. R. Dufour, Washington.

Dr. Frank D. Sanger, Baltimore, read a paper

on "Some Phases of the Tonsil Question." Discussed by Dr. C. R. Dufour, Washington.

Dr. R. W. Bledsoe, Covington, Ky., made the following report of the committee appointed to draw up resolutions on the death of Dr. Nelson:

Whereas, It has pleased Almighty God to remove Dr. R. B. Nelson, the efficient Secretary of this Section, during his term of office,

Be it resolved, That in the death of Dr. Nelson this Section has lost a most valuable officer, and the Southern Medical Association a loved member, who was an ornament to the Association and to the medical profession.

Be It Further Resolved, That these resolutions be spread upon the minutes of this Section and a copy sent to his family.

(Signed) CLIFTON M. MILLER.
R. W. BLEDSOE.

On motion, duly seconded, the resolutions were adopted.

The Chairman: The chair wishes to take this opportunity to thank the Section for having honored him with this chairmanship. If at times he has appeared autocratic it has been purely to carry out the laws of the society. I believe it is meant, after all, for the best results, to expedite our work. I must thank you for your unfailing courtesy to the chair on all occasions, and assure you it will always remain a bright spot in my memory to have served this great society as the chairman of this section, which bids fair to become one of the great special fields in the great societies. I can recall in Hattiesburg there were only six or seven men and eight or ten papers. There was an increase in Lexington, and in Atlanta it showed an increase also. But this is the banner program as regards papers and attendance of members. The future of the section is radiant with hope and promise. I must thank you for having had this honor, gentlemen. (Applause.)

Dr. Stucky made the following report for the nominating committee:

For Chairman, Dr. Joseph Greene, Asheville, N. C.

For Vice-Chairman, Dr. E. H. Cary, Dallas, Texas.

For Secretary, Dr. Thomas Moore, Huntington, W. Va.

On motion, duly seconded, the report was adopted, and the officers named were declared elected.

The Chairman: I think we owe a vote of thanks to Dr. Blackwell, who has acted as our temporary secretary. Dr. Greene: I have the honor, sir, of handing you the chair. (Applause.)

Dr. Greene: I appreciate very much this honor, and I do hope you will support me in the coming year and meet us one year hence. I appreciate the honor more than I can tell you.

Dr. Cary: I wish to state that you are coming to Dallas, Texas, next year. I possibly should not have made this announcement, but I will probably not see so much of you again. I want to see you all down in Dallas. Probably it has struck you that it is a long way, but it is not; it is a short distance. I want to see all of you there, and others. We are going to give you a good time. We want to duplicate Virginia's welcome. Gentlemen, don't neglect the society, and by all means don't neglect us.

On motion the section adjourned at 6:30 p.m.

The Southern Medical Journal

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Next Meeting, Dallas, Texas, Nov. 8, 9, 10, 11, 1915

EDITORIAL DEPARTMENT

THE RICHMOND MEETING OF THE SOUTHERN MEDICAL ASSOCIATION.

The eighth annual meeting of the Southern Medical Association has passed into history. Only superlatives can be used in describing it in detail. In the first place, it was, as was expected, the largest yet. Nine hundred and eighty-six persons were recorded on the register. Famous doctors whose names are known all over the world were present and participated in the exercises. Papers were read and discussed of great importance to the profession, for they represent the latest opinions of the foremost medical men upon the problems in medicine most urgently pressing for solution. The careful consideration these received cannot fail to exert a directing influence upon the daily work of practitioners all over the South. The physicians taking part in the meeting, with one or two exceptions, were all from the region known as the South, but the conditions prevailing are such as to warrant such a concentration of study to the needs of one part of the country. Therefore, malaria, typhoid fever, pellagra and bubonic plague, all of which have a special interest for Southern doctors, received a specially thorough consideration, though not to the exclusion of many other pathological conditons now attracting the attention of the profession.

The earnestness and enthusiasm of the members and of the visiting physicians promised even greater things for the future of the Association. Dallas captured the next meeting though nine other cities advanced claims for the honor.

The officers elected for the ensuing year were as follows:

President, Oscar Dowling, Shreveport, La.; First Vice-President, R. C. Dorr, Batesville, Ark.; Second Vice-President, McGuire Newton, Richmond. Dr Seale Harris, has two more years of his term to serve as Secretary-

Treasurer. Mr. C. P. Loranz, Business Manager of the SOUTHERN MEDICAL JOURNAL, was named Assistant Treasurer and Miss Della J. Purifoy, Assistant Secretary.

It is with regret that mention cannot be made of the many special features of the meeting, but throughout the year the JOURNAL will present to its readers the papers and discussions enjoyed by the Association. No progressive physician can afford to miss them for they are the latest word of the highest authorities on the most important subjects now occuping the thoughts of Southern doctors.

The city of Richmond more than sustained its reputation as a splendid exemplar of true Southern hospitality. It employed every device possible to insure the entertainment and pleasure of its guests. Receptions, banquets, balls, excursions, automobile rides and visits to historical places, offered more diversion to the visitors than they could find time to accept. It will be difficult for any city hereafter to excel the programme of entertainment provided for this meeting. To equal it, will be more than satisfactory. The JOURNAL cannot refrain from exulting over the superb success that has been achieved by the Association. Starting from nothing eight years ago it has now enrolled a membership of four thousand and is performing a wonderful work for the region represented by its members.

There is no reason why the Association should not continue to grow with increasing momentum until nearly all eligible Southern physicians shall have united with it in its effort to uplift Southern medicine.

THE SOUTHERN STATES ASSOCIATION OF RAILWAY SURGEONS.

The second annual meeting of the above named Association held two sessions in the palm room of the Jefferson Hotel, Richmond, on Monday, Nov. 9th, the day preceding the meeting of the Southern Medical Association. The first meeting was merely for the purpose of organization and was held at Lexington, Ky., when Dr. Duncan Eve, of Nashville, was elected President. The prominence of the first few surgeons who made the tentative organization at the meeting of the Southern Medical Association at Lexington, has attracted the attention of railway surgeons all over the South so that it is expected that within a very few years the association will have a membership of more than 1,000 from the sixteen eligible states.

There are no fees, no business and no politics to divert the attention of the Association from its chief object, which is to extend the usefulness and honor of the profession and to enable it better to serve humanity. At this, which was in actuality the first business meeting, one hundred and twenty-five surgeons, representing every railroad of consequence in the South, attended the sessions and listened with keen interest to the reading and discussion of the sixteen papers presented. The only prerequisite for joining is membership in the Southern Medical Association.

At the afternoon session the following officers were elected for the ensuing year: President, Dr. Thomas H. Hancock, Atlanta, Ga.; Vice-President, Dr. Southgate Leigh, Norfolk; Secretary, Dr. Clarence H. Vaught, Richmond, Ky.

The next meeting will be at Dallas, Texas, on the day preceding the opening of the Southern Medical Association. The present membership is noted as about 250, but it is believed that number will be doubled within the year.

Just before adjournment a motion was made and unanimously carried, and later approved by the Council to change the name by adding the word "States", so as to make it read:

"The Southern States Association of Railway Surgeons." This will prevent confusing it with organizations composed entirely of surgeons connected with the Southern Railroad Company.

THE ASSOCIATION OF SOUTHERN MEDICAL WOMEN.

The second annual session of the Association of Southern Medical Women was held in the ladies' parlor of the Jefferson Hotel on the afternoon of November 10th. Considerable discussion on topics of interest was held, reports of the work of the year were submitted and they adjourned to meet at 6 o'clock on the evening of the 11th at a dinner, where several committees were appointed to investigate or conduct certain phases of the work of the organization. Thus far the work has been satisfactory and the membership is rapidly increasing. The success of its work during the brief period of its existence has proven the truth of the JOURNAL'S opinion that there is a place for such an Association in the ranks of medical organizations. Scientific papers are not read or discussed because its members take part in the work of the various sections of the Southern Medical Association. Officers to serve during the ensuing year were elected as follows:

President, Dr. Mary Lapham, Highlands, N. C.; Vice-President, Dr. Mary Parsons, Washington, D. C.; Secretary, Dr. L. Rosa Gantt, Spartanburg, S. C.

THE PROFIT AND LOSS ACCOUNT OF MODERN MEDICINE.

The presidential address of Dr. Stuart McGuire was considered by those who had the good fortune to hear it at the Richmond meeting, as one of the masterpieces of modern medicine. It proved to be one of the main topics of conversation throughout the meeting, and will be long remembered as a most remarkable presentation of what the medical profession and the public have gained and lost by the recent developments in medicine and surgery.

The address is printed in full as the leading "Original Article" of this number of the JOURNAL. Those who read it will recognize its unusual excellence. It is thoughtful, philosophic and prophetic, dealing briefly with the past, carefully analyzing the present and looking to the future with hopeful vision. He plainly holds the scales with an even hand to show as far as possible, what medicine has gained and what it has lost by the revolutionary changes of the last decade. He refers to the results of the combined efforts of the American Medical Association, the Association of American Medical Colleges and the Carnegie Foundation for the Advancement of Teaching to concentrate and improve the work of our American schools of medicine, as the reduction of the number of those schools from 186 to 101, and of medical students per annum from over 28,000 to 16,502. He further adds to the profit side of the ledger the lengthening of the terms from four months to eight months in length and from two years to four years in number; to the greatly increased number of so-called all-time teachers, who devote themselves entirely to the work of teaching their specialties; to the greatly enlarged entrance requirements; to the banishment of political considerations from the organization and work of the State Licensing Boards of Medical Examiners; and to the final fruit of all these advances and of others not here mentioned, in the vastly higher type and greatly increased efficiency of the modern graduate in medicine.

Comparing this new type of doctor with "the old time physician" he speaks tenderly and reminiscently of the classical learning and dignified bearing of that noble body of men whose skilful use of the unaided senses enabled them so well to recognize and deal with conditions in whose presence the man of today would be lost without his microscope, test tubes, cultures, and a laboratory of instruments of precision undreamed of in those old days. He seems to reach the conclusion that though we regretfully miss the silk hat, the frock coat, and the dignified politeness that went with them, yet though the modern doctor in his

business suit and with his crisp, straightforward sentences, may be less classical, he is nevertheless more efficient and more suited to this day and generation. He places the advent of the trained nurse upon the credit side of the ledger in large figures and believes that Florence Nightingale, the founder of the order, deserves a niche in the Hall of Fame side by side with Long, Lister and Pasteur. Item by item he surveys the advantage accruing from modern advancement.

This is not the place to recount them all. No reader of this JOURNAL should fail to avail himself of the present opportunity to read the address in full. It is proper, however, to take brief notice of some of the items on the other side of the ledger. He notes with some apprehension that the diminishing number of medical students and graduates, in the face of a rapidly increasing population, is already resulting in an "urban congestion and rural depletion" of doctors, and the remedy he suggests seems hardly adequate to meet the inevitable demands of the future. He accounts for the evil of the division of fees as remotely originating in the greatly multiplied cost of a modern diploma, in time, energy and money. By the time he secures it the graduate is old enough to have established himself in any other business and to have secured for himself his own "place in the sun." He feels, therefore, that he cannot afford to settle in the country. "He prefers to starve his body in the city rather than starve his ambitions" elsewhere, so after a little post-graduate study he poses as a city surgeon, probably as a specialist, and feels obliged to express *financially* his gratitude to the country doctors who refer their surgical cases to him. Such a thing was unknown in the days of the silk hat and frock coat. The remedy has yet to be found. Finally, and probably the most serious item on the losing side of the ledger is a vague fear that in the current emancipation of women from ancient ideas of propriety the bounds may be overstepped; that in "losing their prudery women may also lose their modesty."

The JOURNAL feels that in publishing the address of Dr. McGuire it has placed another eminently worthy production upon the honorable roll of Southern medical classics.

MEDICAL SOCIETIES SHOULD BE STANDARDIZED.

One of the most striking paragraphs in Dr. McGuire's presidential address contained the assertion that "medical societies should be standardized in the same way as medical colleges, his idea being that there are too many medical societies and that some of them do not measure up to the high standards that should be demanded by the medical profession.

On the profit side of the development of medical societies he places the national, "regional", state and county organization with a few special societies; but deplores the multiplication of medical organizations which have no reason for existence, but which take up a great deal of the time and effort of the busy men in medicine and surgery. He feels that every progressive physician should actively support the county, state, "regional" and national societies, but should no longer encourage the other societies that have no real place in medical organization. He pays tribute to the Southern Medical Association as a "regional" organization that has proved its rights to exist and which merits the support of the entire medical profession of the South. Henceforth the word "regional" which Dr. McGuire so aptly uses, should be employed rather than "sectional" in referring to the Southern Medical Association, because it is not sectional in the narrow sense that the word is so often employed. The Southern Medical Association is not antagonistic to, or in conflict with, any other medical organization and will take no part in the movement to cut down the number of medical societies, but it hopes to continue to merit its rights for existence, as the "regional" medical organization for the states which make up the region known as the South.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Among the special surgical organizations in the United States, the Southern Surgical and Gynecological Association, though its membership is limited to 200, is recognized as the best. While it was founded by that rare genius and lovable man, Dr. W. E. B. Davis, of Birmingham, with co-operation of the great Confederate surgeon, Dr. Hunter McGuire, and other distinguished Southern surgeons, it is not a sectional or "regional" organization. It has on its roster the names of most of the leading surgeons of the entire United States, though the majority of its members are Southern men. The Secretary, Dr. W. D. Haggard, of Nashville, is one of the leading American surgeons, and a worthy successor to the lamented Elias Davis. The programs which he arranges each year are remarkable for their wide range of scientific and interesting papers, and the program for the next meeting, which will be held in Asheville, N. C., December 15-17, is fully up to the standard of former years. The Transactions of the Southern Surgical and Gynecological Association, containing the papers read and discussed at their meetings each year, are edited by the Secretary and published in book form, making a splendid volume on the recent advances in surgery. Indeed the progress of scientific surgery in America, since the foundation of the Southern Surgical and Gynecological Association, has been recorded in its annual Transactions. The officers of the Association for 1913-1914 are: President, John Wesley Long, Greensboro, N. C.; Vice-Presidents, James F. Mitchell, Washington, D. C., and Arthur C. Scott, Temple, Texas; Secretary, W. D. Haggard, Nashville, Tenn.; Treasurer, Legrand Guerry, Columbia, S. C.; Council, Stuart McGuire, Richmond, Va.; Rudolph Matas, New Orleans, La.; Bacon Saunders, Ft. Worth, Texas; J. M. T. Finney, Baltimore, Md., and John Young Brown, St. Louis, Mo. Chairman Committee of Arrangements, Hubert A. Royster, Raleigh, N. C.

VITAL STATISTICS.

So much is being said by the press and from the rostrum about public health matters that some of us fail to realize the importance of subdivision of the subject to a thorough understanding thereof.

In a recent most excellent monograph on "Vital Statistics," by Dr. John W. Trask, Assistant Surgeon-General of the United States Public Health Service, he gives a terse list of these subdivisions and their meaning, as follows:

"Vital statistics are the statistics of life. Morbidity statistics are the statistics of disease. Mortality statistics are the statistics of deaths. Birth, death and migration statistics relate to population movement. Statistics of births and immigration show population increment. Statistics of deaths and emigration show population decrement."

Speaking of vital statistics, General Trask defines them as "relating to the life and histories of communities or nations." They are necessarily based on population, the number 1,000 being generally used as a unit of computation, and the births per thousand each year form a basis of comparison. The national census, though indispensable to any general estimate, is open to many errors. To a great degree it depends upon the records of the public health organizations of the several States for its records of births and deaths and they have been hitherto both incorrect and incomplete. This fault seems in a fair way to be corrected. A model law for the registration of births and deaths, so drawn as to meet the approval of the Bureau of the Census, the American Public Health Association and other national organizations, has been presented to the several States for enactment and quite a number of them have adopted it and made it mandatory. Experience has shown its effi-

ciency and every year other States accept it and come into "The Registration Area." Sooner or later all the States will be operating under the same law for the registration of births and deaths. This will enable the Bureau of the Census to present to the world a more reliable table of vital statistics than it has ever heretofore been able to compile.

It has happened more than once in this country that a citizen has been unable to secure possession of property that was rightfully his because there were no authoritative records of his birth showing his right of inheritance. On the other hand, aged and unfortunate human wrecks have been denied the barren refuge of the poorhouse because they could not prove their birthright to its shelter. Such incidents could not occur to either had births and deaths been properly recorded at the time and place of their nativity.

General Trasks' monograph occupies sixty-nine pages, every one of which is worthy of study. It is followed by an appendix some twenty pages in length, printed in finer type than the body of the pamphlet, and composed mainly of a copy of the so-called "Model Law" for the registration of births and deaths. The whole constitutes "Supplement No. 12 to the Public Health Reports, 1914," and deserves a place in every doctor's library if he is interested in public health work.

NEW PRESIDENT OF THE SOUTHERN MEDICAL ASSOCIATION.

The election of Dr. Oscar Dowling to the presidency of the Southern Medical Association was a peculiarly appropriate recognition of his great services to and sacrifices for the organization, and meets with unanimous approval.

He was the first Secretary of the Association and the first editor of its official Journal. His nomination was not accomplished by any so-called political manipulation. From the beginning of the meeting to the end not one member of the nominating committee was approached on the subject of nominations. His elevation to the presidency was a spontaneous expression of approval of his many activities in the cause of public health and sanitation. The JOURNAL predicts a phenomenally successful administration for Dr. Dowling. His wide acquaintance and the numberless friends his genial nature has gained for him will redound to the benefit of the Association. The activity that has been so fruitful in other lines of effort will be directed with increased energy to the upbuilding of the organization and the increase of its membership; and success is the only termination Dr. Dowling permits to his undertakings. The medical profession of the South will seek in vain for a more worthy representative of its methods and aims in their most altruistic efforts to elevate the profession and benefit humanity.

THE ORATION ON MEDICINE.

One of the most noteworthy contributions to the phenomenally successful meeting of the Southern Medical Association at Richmond was the Oration on Medicine by Dr. William S. Thayer, Professor of Clinical Medicine in the Medical Department of Johns Hopkins University. His subject was "The Importance of Fundamental Methods of Physical Examination in the Practice of Medicine."

The address was circumstantial, forcible and logical, and couched in simple, direct language free from oratorical embellishments. In style and method it was above criticism. The only regretable feature about it was the fact that the author himself could not be present on account of illness. This resulted in the remarkable circumstance of having an oration pronounced before its destined audience by another person instead of by its author. It is doubtful whether such a thing has ever happened before, but the fine character of the composition and the ability of the gentleman who read it went far to realize the full effect intended.

The ultimate object and intent of the oration was to emphasize the supreme importance of accuracy in diagnosis in the practice of medicine. At the same time he sounded a warning note against the danger of allowing the attractions of modern instruments of precision to lead to a neglect of bedside observation and study. He drew a vivid picture of the furnishings of a modern doctor's laboratory with its microscopes, polygraph, sphygmomanometer, electrocardiograph, X-ray apparatus and chemical outfit as contrasted with the simple stethoscope which in the olden times constituted almost the only scientific instrument used for diagnosis, and showed by the great record achieved by our predecessors that the man is more important than the means. He spoke of the fact that modern doctors are too apt to study the nurses' charts, the blood-pressure instrument and the thermometer instead of studying the patient, and he urged the necessity of extending the examinations of applicants for licenses to practice medicine beyond the evidences of mere book learning by demanding a demonstration at the bedside of proper diagnostic ability.

He took the position that has so often been expressed in these columns, that laboratory tests should serve as the handmaid of clinical diagnosis and not vice versa.

For lack of space we close this review of the Oration with a brief quotation therefrom: "The diagnostic art cannot possibly be acquired from book, lecture or laboratory."

WHY NOT ADVERTISE?

Newspapers often ridicule the rule in our code of ethics that forbids doctors to advertise to the public their preparation and ability.

Though they would be surprised at a lawyer who should use their columns to inform the public that he was better prepared to manage this, that or the other kind of business than were his competitors, and would be shocked if a minister of the gospel should seek to increase his congregation by declaring through the newspaper press that he was better prepared to administer salvation to the sinning or comfort to the dying, yet they see no impropriety in the entrance of a physician into a public competition in boastfulness, wherein a conscienceless quack, unlimited by truth, would have every advantage and would be given an opportunity to confuse with the slime of his own dishonesty the true issue between worth and unworth. As things now stand, the presumption in the minds of intelligent people is against the man who has to seek for patrons among people who do not know him, using the favorite means of the circus manager or advocate of some new brand of beer or whiskey. Sensible people know that the doctor who has to bolster up his practice by such means has not the knowledge, ability and character that the best prepared men in the medical profession rely upon to inaugurate, build and maintain a permanent and lucrative practice, therefore they turn a contemptuous glance at such advertisements and their authors. Things are properly adjusted in the code today. It is the product of patient, careful observation by successive generations of wise physicians. To impatient young graduates some of the rules seem unnecessarily strict, even to the regulation of small things, but history teaches that the slightest laxity in such matters is like the little hole below the waterline of a great dyke or levee, where an insignificant crawfish has bored his way through for his own selfish ends. It is a trifling matter, but allowed to proceed it opens the way for the waiting deluge. *"Let well enough alone!"*

UNWISE LEGISLATION.

When Congress passed the law against the use of any poisonous substances for the preservation of food that was to be placed upon the market, if nothing more had been expressed in the act it would have been proof against the assaults of the most cunning lawyers. But not content with letting well enough alone, they qualified the words with a phrase "that may be deleterious or harmful to the

consumer," or words to that effect. Doubtless they thought to strengthen the act, but in effect they threw the whole statute into a vortex of litigaion because it is almost impossible to prove to the satisfaction of a court or jury that the minute quantities would be harmful, especially when there is an abundance of professional opinion available on either side of the question. Consequently the law is a dead letter as far as practical benefit is concerned, and the manufacturers are now serving out their poisonously preserved food in the good old way.

Another curious instance of a boomerang concealed in a law is found in the New York "Workmen's Compensation Law," wherein an effort was made to afford larger benefits to married men in case of accidents than to bachelors. The idea was, of course, that an accident to a man of family was a more serious matter than it would be to a man who had only himself to look out for. But the result was that employers are preferring single men in giving out their employment, thus taking all the bread from the mouths of those who need it worse. Another result is that employers are conducting physicial examinations of their men and dismissing those who are not medically fit. Of course, they have a perfect right to protect their business from losses as far as possible, but the law is found to be a disaster to those it was intended to benefit. Moral: In framing altruistic laws, whether sanitary or financial, beware of the hidden possibilities.

ENFORCEMENT OF THE HEALTH LAWS BEST INSURED BY ENLIGHTENMENT OF THE PEOPLE.

The surest way to secure a general obedience to the health laws of a state is to educate its citizens in matters pertaining to public health, so that they may realize that there is an actual necessity for them.

In this country the people are the government, and can neither be coaxed nor driven. But once convinced of the wisdom of the statutes relating to public health they will afford to the health officers a ready co-operation that no amount of arrest and fines can secure. Legislatures have done their part by providing health laws for every contingency. Superior courts have, by numerous decisions, confirmed the power of the health officers to enforce those laws. Yet all these failed in their object of protecting the public against communicable disease until the whole matter was laid before the final tribunal, the public, to secure their understanding and approval. But first it was necessary to secure their attention and interest. This was accomplished by means considered too spectacular by some ultra-conservatives. Such were the "health trains," moving pictures, etc.

The result, however, has demonstrated the wisdom of the means employed. Three years ago it would have been but a small audience that would gather at a county seat to hear a lecture on public health. Today such audiences are large and are composed of the best people of the county, merchants, farmers, bankers, laborers, preachers and doctors. They are met by speakers who are experts in all that pertains to public health matters, men who have been selected for an ability that has been demonstrated by their work. More and more counties in different states are employing health officers at liberal salaries and requiring them to devote their entire time to the work. Especially the doctors are seeing a new light and rendering their reports of births, deaths, and communicable diseases with increased promptness and regularity. The state health officers themselves are rising to their opportunities. They are displaying increased energy and enthusiasm, and, especially in the South, are so losing their former sensitiveness about "states' rights" that they gladly welcome the aid of national health officials wherever the emergency calls for unusual efforts. Legislatures listen more favorably to appeals for financial support or additional laws. In a

word, the people, who are the government, are beginning to realize that the preservation of the public health is one of the most important functions of civilization. The way has been shown. Its correctness is demonstrated by its success. The duty and the opportunity of the public health officials is plainly evident. It is to continue with all the energy that is in them to preach and practice the gospel of enlightenment that has accomplished so much in so short a time. It is no time for hesitation or timidity. The goal is in sight and they should strive to reach it, using every instrument and every weapon at their command.

THE FOOT AND MOUTH DISEASE.

The wide distribution of this extremely infectious disease prevailing among cattle in many states, has caused the general government to adopt severe measures for its eradition. Hundreds of thousands of dollars worth of cattle have been killed and sent to the fertilizer tanks in an effort to prevent the spread of the infection, and some of the states and certain stock-yards in Chicago have been placed under a cattle quarantine. The cause of the contagion is supposed to be a filterable virus which seems to be quite volatile and readily transmitted in the air, the dust, feed, clothing, etc. The virus seems to be most active when it is derived from the secretions of the mouth. The parts unusually involved are, the mouth, the feet and the udder. The period of incubation is from one to fourteen days. The symptoms are, fever, salivation, anorexia, vesicular eruption which later becomes deep ulcers. These appear on the lips, in the mouth and sometimes on the udder and teats. Most of the cases are affected in the cleft between the toes, which is sometimes so severe as to cause lameness and swelling of the legs. Profound weakness and exhaustion follow and there is great fatality. There are two reasons why the JOURNAL takes editorial notice of this disease. First, it has been found to be communicable to human beings, either by contact, drinking the milk or eating the meat of affected animals. Second, the disease is liable to appear in localities where no qualified doctor of veterinary medicine is available to make the diagnosis. But there is still another reason worthy of consideration. In various parts of the South there exists a peculiar form of sore mouth occuring in the autumn among cows and calves. It has long been known to veterinary medicine as "sore mouth of cattle," sporadic "apthous fever" "thrush of calves," "mycotic stomatitis of cattle,," and other names. It has been variously accounted for and is sometimes positively due to certain plant parasites. It, also, sometimes causes ulcers between the toes, but it is not contagious from individual to individual, as is the case with the infectious "foot and mouth disease" which is now giving so much trouble to the Agricultural Department. The prognosis in the infectious form is not good though quite a large percentage will ultimately recover. Almost all recover from the sporadic form if properly cared for.

The treatment recommended by the Alabama College of Veterinary Medicine, from whose Dean, Dr. C. A. Cary, much of this information is derived, is as follows:

Carbolic acid, two fluid drachms; Tannic acid, one ounce; Glycerine, three fluid ounces; boiled water, twelve fluid ounces. Mix well and apply two or three times a day to the ulcers, after removing the crust. The sporadic form generally makes its appearance from August to November, while the contagious form has no seasonal limit. In either case isolation should be rigidly practiced, and neither the milk nor the meat should be used.

TRANSACTIONS OF THE NATIONAL ASSOCIATION FOR THE STUDY OF PELLAGRGA.*

Realizing the necessity that has risen for the study of pellagra in order to preserve the health of our people, the National Associa-

*Published by R. L. Bryan Co.. Columbia, S. C.

tion for the Study of Pellagra was organized. The second triennial meeting was held at Columbia, S. C., October 3-4, 1912, and was attended by some of the most foremost physicians our country affords. The Transactions show that the program was arranged as follows: Part I, Etiology, Epidemiology and Statistics; Part II, Local History and Diagnosis of Pellagra; Part III, Symposium on Pellagra; Part IV, Laboratory Investigations of Pellagra; Part V, Clinical Features of Pellagra; Part VI, Treatment of Pellagra; Part VII, Miscellaneous Aspects of Pellagra. Altogether, this publication contains an immense amount of valuable information that is of special interest to physicians who have to deal with the most fatal disease that prevails in the South.

CORRESPONDENCE

DR. STUART McGUIRE, OF VIRGINIA AND OF THE SOUTH.

(An Expression from a North Carolina Physician.)

Dr. Stuart McGuire, of Richmond, Va., the son of one of the nation's most celebrated surgeons, has been more or less constantly in the public and professional eye since his graduation in medicine more than twenty years ago, when he became the surgical assistant and copartner of his distinguished father in his surgical and professorial duties. How well he has borne the glamour and the scrutinizing tests of the limelight, his admirable record of achievement along all lines of his varied endeavors splendidly attest.

Beginning the work of a surgical teacher when a mere boy, it may be truthfully said of him that no teacher of doctors, dead or living, has a more devoted throng of friends than has Stuart McGuire in the ranks of those whom he has taught surgery during the past two decades. His popularity as teacher, and man as well, were strikingly evinced a few years ago when the oft-cherished idea of uniting the two medical schools in Richmond with a view to building from their union a great Virginia College of Medicine and Surgery was materializing. In the discussions Dr. McGuire was one man that all agreed ought to be a member of the new faculty, a judgment of the old faculties and trustees of both institutions, concurred in by the profession at large.

Widely loved by a large clientele nation wide in its residence, respected by his neighbors, it has remained for the members of his own profession wherever and whenever opportunity afforded to give expression to their appreciation of his lovable disposition, gentle, gracious manners, learning and skill as a most gifted surgeon—and, beginning with the local professional organizations of his home city, the profession's chiefest honors have been showered on his deserving head. Presidencies of almost every medical or surgical society he has ever been affiliated with have in due time been his. The conservative old Virginia State Medical Society, the splendid aggregation of skilled gentlemen constituting the Southern Surgical and Gynecological Association, the alert vigorous men of the Tri-State Medical Association of the Carolinas and Virginia, and more recently the typically representative of the South's professionally best in the personnel of the Southern Medical Association, have each alike felt honored in bestowing their chiefest honor on him.

And these distinctions have been always most worthily worn. His President's Address at Richmond recently was a masterpiece of medical literature. Replete with careful original thought, it reflected the ripened judgment of the gains and the losses of the medical profession as seen by one known of all men to be a lover of his profession, and ever jealous of its fair fame and just advancement. It is hoped by many who had the pleasure of hearing his clean-cut, choicely expressed verbiage, that the Association will see to it that so powerful an address may receive the widespread circulation it so richly deserves.

BOOK REVIEWS

Radium and Radiotherapy.

Treatment of Radium, Thorium and Other Radio-Active Elements in Medicine and Surgery. By William S. Newcomet, M.D., Professor of Roentgenology and Radiology, Temple University. Illustrated with 771 engravings, 310 pages. Lea & Febiger, Philadelphia and New York. 1914.

This field of medicine has not been very prominently worked out up to the present time, and the results have often been discouraging. There are several causes for this, chief of which are poor quality, the exorbitant prices demanded, and the fact that private parties and speculators controlled the supply. The purpose of this volume is to place the subject of radio-activity clearly and comprehensively before the profession. The book is divided into two parts, the first part being devoted to the chemistry and physics of the radio-active elements; the second, the physiology and therapeutics. Under the second heading the application in dermatology, opthalmology, gynecology, epithelioma, carcinomata and various benign tumors is given.

A Medical Dictionary for Nurses.

By Amy Elizabeth Pope, Graduate of School of Nursing, Presbyterian Hospital, New York; Instructor in School of Nursing, St. Luke's Hospital, San Francisco. Giving the definition, pronunciation and derivation of terms used in medicine, together with supplementary tables of weights, measures, chemical symbols, etc., arranged with especial reference to use by nurses. G. P. Putnam's Sons, New York and London. 1914. Price, $1.00.

The Intensive Treatment of Syphilis and Locomotor-Ataxia.

By Reginald Hayes, M.R.C.S., etc. Bailliere, Tindall & Cox, publishers, 8 Henrietta Street, Covent Garden, London.

In this volume is given the technique of the administration of mercury by the inunction method as against other forms of administration. This method is known as the Aachen method, which is originally given at the famous German spa. The author claims this procedure especially indicated in nerve syphilis and tabes, and emphasizes the employment of skilled rubbers.

Chemical Pathology. Second Edition.

Being a Discussion of General Pathology from the standpoint of the Chemical Processes Involved. By H. Gideon Wells, Ph.D., M.D., Professor of Pathology in the University of Chicago and in Rush Medical College, Chicago. Second Edition, thoroughly revised. Octavo of 616 pages. Philadelphia and London: W. B. Saunders Company. 1914. Cloth, $3.25 net.

In this volume general pathology is considered from the standpoint of the chemical processes which occur in all pathologic conditions. The relation of physiological chemistry to medical science is shown in various ways. Such topics as the pathology of carbohydrate metabolism and diabetes with its chemistry, the chemistry of the nature of proteins, chemistry of ductless gland secretions, colloid chemistry, etc., are well given. However, this study in biological chemistry presupposes at least an elementary knowledge of organic and physiological chemistry in its application. Work along this line is fairly new to the profession and should be of immense interest to all.

Diseases of the Skin, Including the Acute Eruptive Fevers.

By Frank Crozier Knowles, M.D., Instructor in Dermatology in the University of Pennsylvania; Clinical Professor of Dermatology, Women's Medical College of Pennsylvania; Fellow of the College of Physicians, Philadelphia, etc. Octavo, 546 pages, with 199 engravings and 14 plates. Cloth, $4.00 net. Lea & Febiger, publishers, Philadelphia and New York. 1914.

Especially striking is the feature of illustrations contained in this volume, most of which are taken from the author's own cases. The work practically covers all the eruptions of the skin and mucous membranes, and to these have been added the exanthemata and eruptive fevers because they are of interest to the student or practitioner. Syphilis and pellegra are also added, and a small line of treatment given for each. Treatment such as the X-rays, Finsen lights, radium, "Snow," therapeutic lamps, and vaccine, including tuberculin, have been outlined.

Clinical Hematology.

An Introduction to the Clinical Study of the So-Called Blood Diseases and of Allied Disorders. By Gordon R. Ward, M.D., Fellow of the Royal Society of Medicine, Medical Society of London, etc. Octavo of 394 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1914. Cloth, $3.50 net.

As indicated in the preface, this volume is primarily concerned with the clinical study of the various blood diseases, and gives a clear conception of the blood-picture met with in these pathologic conditions. Secondarily, it is concerned with the classification of these same diseases, and outlines the course, symptoms, treatment, etc., of them and the methods of making the blood examinations.

A Text-Book of Pathology.

For Students of Medicine. By J. George Adami, M.A., M.D., L.D., F.R.S., Professor of Pathology in McGill University, Montreal, and John McCrae, M.D., M.R.C.P (London), Lecturer in Pathology and Clinical Medicine in McGill University, formerly Professor of Pathology in the University of Vermont. Second edition, enlarged

and thoroughly revised. Octavo, 878 pages, with 395 engravings and 13 colored plates. Cloth, $5.00 net. Lea & Febiger, publishers, Philadelphia and New York. 1914.

An excellent text-book on the science of pathologic and the various conditions of disease. It is the result of much study and correlation of facts so that they may be presented to the student or practitioner in an intelligible manner. In this revised edition quite a good many improvements have been made over the former one. A new chapter on "The More Important Infections and Their Prominent Features" has been inserted; the classification of tumors has been very greatly simplified; a syllabus is placed at the beginning of each chapter indicating its contents with page references; ninety-one engravings and two colored plates have been added, and the volume cross-indexed.

Abdominal Operations.

By Sir Berkeley Moynihan, M.S. (London); F.R.C.S., Leeds, England. Third edition, entirely reset and enlarged. Two octavo volumes totaling 980 pages, with 371 illustrations, five in colors. Philadelphia and London: W. B. Saunders Company. 1914. Cloth, $10.00 net; half Morocco, $13.00 net.

There has been considerable revision and many inclusions in this, the third edition of Moynihan's Abdominal Operations. Believing that there is a need for frank expression of personal opinion in medical literature, he has adhered to his original purpose of describing in detail only those operations practiced by himself. The two volumes are nicely bound, clearly illustrated, and the merited rank of the author is sufficient introduction to the public. Volume 1 deals with the Stomach, Intestinal Localization, Intestinal Suture; Enterectomy, Colostomy, Anastomosis, etc.; Volume 2 with the large Intestine, Appendix, Perforation, Exclusion, Liver, Pancreas, Spleen, etc.

Local and Regional Anesthesia, Including Analgesia.

By Carroll W. Allen, M.D., Tulane University, New Orleans, with an introduction by Rudolph Matas, M.D., of Tulane University, New Orleans. Octavo of 625 pages, with 255 illustrations. Philadelphia and London: W. B. Saunders Company. 1914. Cloth, $6.00 net; half Morocco, $7.50 net.

"Divinum est opus sedare dolorum" and this Southern author in his splendid volume of twenty-three chapters has clearly and comprehensively set forth the most modern methods of technique by which this can be accomplished. Painless surgery without general unconsciousness has attained such vast proportions that patients are beginning to clamor for it, and the surgeon who does not familiarize himself with at least the principles involved doth both himself and his clientele an injustice. Fully 55 to 60 per cent of the author's major operations at the Charity Hospital are done under local anesthesia. Especial reference is given to anoci-association and the methods dealing with the technique for different parts of the body are well shown.

Nervous and Mental Diseases.

By Joseph Darvin Nagel, M.D., Consulting Physician to the French Hospital of New York; member New York Academy of Medicine; honorary member Societe Royal de Belique, etc., Physician to St. Chrysostom's Dispensary. New (second) edition, revised and enlarged, 12mo, 293 pages, with 50 engravings and a colored plate. Cloth, $1.00 net. (The Medical Epitome Series.) Lea & Febiger, publishers, Philadelphia and New York. 1914.

As the author indicates, brevity, clearness and comprehensiveness enter largely into the compilation of this little volume. In this revised edition, new classifications have been used, and the illustrations are characteristic and well chosen. The various nervous and mental diseases are given in concise language that can be readily understood.

Manual of Obstetrics.

By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia. 12mo of 463 pages, 171 illustrations. Philadelphia and London: W. B. Saunders Company. 1914. Cloth, $2.25 net.

This is an excellent manual of the practice of modern obstetrics. In it will be found a wealth of useful information to the general practitioner as well as the medical student. The diagnosis and treatment of pregnancy are clearly dealt with, and the mechanism of labor deserves special mention. In the section entitled "Pathology of Labor" are taken up all the perplexing problems that confront the obstetrician, and the best and most modern methods of technique are offered in solution thereof.

A Manual of Diseases of the Nose and Throat.

By Cornelius G. Coakley, M.D., Clinical Professor of Laryngology in the College of Physicians and Surgeons, Columbia University, New York, New (fifth) edition. 12mo, 615 pages, with 139 engravings and seven colored plates. Cloth, $2.75 net. Lea & Febiger, publishers, Philadelphia and New York. 1914.

The fifth edition of this manual makes this work the most practical book for the student we know. Dr. Coakley covers the medical treatment of the nose and throat in a very practical manner. The colored plates are exceptionally good. The general practitioner will find it quite useful in his work.

Practical Bandaging, Including Adhesive and Plaster of Paris Dressings.

By E. L. Eliason, A.B., M.D., Instructor in Surgery, University of Pennsylvania; Assistant Surgeon, University Hospital and Howard Hospital; member of College of Physicians, Philadelphia, Pa. One hundred and fifty-five original drawings; 125 pages. J. B. Lippincott Company, Philadelphia and London.

Few of us are the proud possessors of the art of properly applying bandages, etc. In this little volume all the recognized classical bandages in common use are fully described in such simple

terms that no student or nurse can fail to understand thoroughly. In addition, there are drawings and photographs to make plain the author's meaning. One short chapter is given to rubber or elastic bandages or substitutes thereof; one is devoted to miscellaneous bandages such as strings, cravats, handkerchiefs, etc.; Chapter 4 treats of adhesive plasters, with illustrations to show the various types, while the last chapter discusses the application of plaster of Paris.

A Treatise on Diseases of the Nose, Throat and Ear.

By William Lincoln Ballenger, M.D., Professor of Larynology, Rhinology and Otology in the College of Physicians and Surgeons, Chicago. New (fourth) edition, thoroughly revised. Octavo, 1,080 pages, with 536 engravings, mostly original, and 33 plates. Cloth, $5.50 net. Lea & Febiger, Philadelphia and New York. 1914.

This is the fourth edition in six years, which is evidence enough of its popularity. Dr. Ballenger has thoroughly revised it and every word is "up-to-the-minute." Diseases of the Labyrinth is covered more fully than in any other book. The section on functional tests of hearing is the best we have read. The illustrations are very large in number, which adds a great deal to its worth.

Serology of Nervous and Mental Diseases.

By D. M. Kaplan, M.D., Director of Clinical and Research Laboratories of the Neurological Institute, New York City. Octavo of 346 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1914. Cloth, $3.50 net.

This is perhaps the pioneer volume in book form in American literature covering the subject of serology of nervous and mental diseases. It should particularly meet the approval of neurologists and psychiatrists and will probably prove of undoubted merit to interested workers along this line. There are four divisions, headed as follows: Part 1, Technology; Part 2, Serology of Nervous and Mental Diseases of Non-Luetic Origin; Part 3, Serology of Nervous and Mental Disease of Leutic Origin; Part 4, Salvarsan and Its Administration, including technique, indications and contraindications. The reactions of the blood in the various diseases of nervous and mental origin are given, together with their explanations, and consequently serve as a great aid to diagnosis.

Health and Medical Inspection of School Children.

By Walter S. Cornell, M.D., Director of Medical Inspection of Public Schools, Philadelphia; Lecturer on Child Hygiene, University of Pennsylvania; Director of Division of Medical Research, New Jersey Training School for the Feeble-minded, etc. Illustrated with 200 half-tone and line engravings, many of which are original. Price, $3.00 net. F. A. Davis publishing Company, Philadelphia. 1913.

According to the author, "The aim of this book is to present a practical exposition of the work of medical inspection, born of the examination of some 35,000 children, and to give to physicians and teachers a survey of medical practice as it relates to children of school age." Children are being given more attention now than formerly, because it is more fully realized that the lad of today becomes the man of tomorrow. In this day and time the educators and various social workers receive instructions in health matters as essential necessities for their duties. This volume shows the necessity for medical inspection of schools, the methods by which this is best done, and the results of same. The various diseases met with are discussed in every detail. Splendid illustrations are added as an additional feature.

Diseases of the Rectum and Colon and Their Surgical Treatment.

By Jerome M. Lynch, M.D., Professor of Rectal and Intestinal Surgery, New York Polyclinic; Attending Surgeon, Cornell Dispensary; Fellow of the American Proctologic Society, New York Gastro-Enterological Society, etc. Octavo, 583 pages, with 228 engravings and nine colored plates. Cloth, $5.00 net. Lea & Febiger, publishers, Philadelphia and New York. 1914.

This is an exhaustive work upon the rectum and colon. Being restricted to this limited field, the subject is covered thoroughly, yet in such a manner that available information is readily secured. The first chapter is given over to methods of examination and diagnosis, the second to preparation of the patient, then follow chapters devoted to anesthesia, embryology and the various pathological conditions met with in this locality, with appropriate treatment for each. It contains 228 engravings, all of which are good and many of which are works of art.

The book is sure to find a place in the libraries of the general practitioner as well as the surgeon since there are many suggestions of great value to him.

Rose & Carless' Manual of Surgery For Students and Practitioners (Ninth Edition).

Revised by Albert Carless, M.S., F.R.C.S. 8 mo, 1,420 pages, with 609 cuts of the text and sixteen full-page colored plates. Muslin, $6.00 net; half Morocco, $7.00 net. Wm. Wood & Co., publishers, New York.

Recent graduates will need no introduction to this work, since it is a text-book which has found favor in many of the medical schools of the country. It is not only designed to help students, but practitioners as well. This edition has been very thoroughly revised and new data and technique added without materially enlarging the volume. New illustrations and many colored plates have been included. The descriptions are clear and comprehensive, and the symptoms and treatment deserve special mention.

The Practitioner's Visiting List for 1915.

Four styles, weekly, monthly, perpetual, sixty-patient. Pocket size; substantially bound in leather with flap, pocket, etc.; $1.25 net. Lea & Febiger, publishers, Philadelphia and New York.

It affords a simple and complete system for keeping the records of daily practice, and includes doses, poisons and antidotes, etc.

An Epitome of Pediatrics. By Henry Enos Tuley, A.B., M.D., Late Professor of Obstetrics, Medical Department, University of Louisville; Editor Louisville Monthly Journal of Medicine and Surgery; Late Chairman of Section Diseases of Children, American Medical Association; Ex-President American Association Medical Milk Commissions, etc. New (2d) edition, revised and enlarged. 12mo, 324 pages. Cloth, $1.00, net. Lea & Febiger, publishers, Philadelphia and New York, 1914. (Lea's Series of Medical Epitomes.)

In this second edition are contained in a very concentrated form all the necessary details from birth to adolescence. Due consideration is given the symptomology, diagnosis and treatment of the various diseases. The anatomy, development, care and feeding of infants are all given in a practical way.

The Practice of Pediatrics.

By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinical Medical School and Hospital. Octavo of 878 pages, 139 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6.00, net; half Morocco, $7.00, net.

This is a very extensive volume on the treatment of the diseases of children, and is the result of numerous requests for a more comprehensive work along this line than his former edition, "The Treatment of Diseases of Children." It is exceedingly thorough and takes up every phase in the direction and treatment of the child throughout the periods of infancy and childhood. It is largely based on experience and contains the most up-to-date and scientific methods of treating and caring for the little ones. This, or other volumes of a similar nature, are indispensable in practicing pediatrics.

Modern Medicine. Its Theory and Practice.

In original contributions by American and foreign authors. Edited by Sir William Osler, Bart, M.D., F.R.S., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in Johns-Hopkins University, Baltimore; formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia and in McGill University, Montreal; and Thomas McCrae, M.D., Professor of Medicine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1,000 pages each, illustrated. Volume III. Diseases of the Digestive System—Diseases of the Urinary System. Just ready. Price per volume, cloth, $5.00, net; half Morocco, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

In this journal have already appeared the reviews for the former volumes. This one is no less interesting and instructive and places before the reader the latest views and best authorities on the kind of cases that he sees almost daily. There are two parts to this volume, of which the first deals with diseases of the digestive system. The chapters on diseases of the mouth by Riesman, of the stomach by Friedenwald, of the intestines by Stengel, of the pancreas by Opie, and of the peritoneum by Rolleston are worthy of special mention. Part II deals with the urinary system. The chapters on uremia by Garrod, on nephritis by Herrick, on kidney by McRae, and on genito-urinary diagnosis and diseases of the prostate by Young are of immense value. The names of the contributors to this volume are a justifiable guarantee of its quality. There are twenty-one chapters of practical and useful information.

ANESTHESIA.

By Jas. T. Gwathmey, M.D., First President of American Association of Anesthetists; Anesthetist to the New York Skin and Cancer, St. Vincent, Red Cross, and Columbia Hospitals. In collaboration with Chas. Baskerville, Ph.D., F. C.S., Professor of Chemistry in the College of New York; American Association of Anesthetists, etc. Two hundred and eighty-three illustrations in the text. D. Appleton & Company, New York and London, 1914.

The administration of anesthetics has kept pace with practically every other branch of medicine and surgery in the evolutionary changes of modern times. Even now ideas are constantly changing as experience proves the fitness or the unfitness, and the anesthetic of today may not be the one in favor tomorrow; and such should really be the case until the best has been attained. Sleep is no longer the whole idea and object of an anesthetic, but it should aim to cut off painful impressions, prevent shock, and minimize post-operative complications.

In this volume are given in a practical way the essentials in administering anesthetics, and reminds one that "to bring a living being to that borderland in which life in many respects so simulates death, should at no time be a fool's occupation." The late as well as the old established anesthetics are given, and although preference is shown those methods "whose utility has become established," the experimental stages of administration are given due prominence. The purity of the anesthetic used is insisted upon in order to get best results. A list of anesthetics with data and references is given complete.

Guiding Principles in Surgical Practice.

By Frederick-Emil Neef, B.S., M.L., M.D., Adjunct Professor of Gynecology, Fordham University School of Medicine, New York City. Sextodecimo; 180 pages. Surgery Publishing Co., New York. Price, cloth, $1.50.

This little book is intended to assist the surgeon in systematic surgical procedures, and with that idea in view the author has discussed the patient, dressings, the surgeon's hands, suture material, the anesthesia, the incision, the course of the operation, care of the patient after operation, post-operative favor in aseptic cases, and the treatment of unclean wounds. If, as the author states, this outline will help to supply a system where there was none, its existence is justifiable.

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SOUTHERN MEDICAL NEWS

ALABAMA.

Birmingham Items: The Jefferson County Medical Society recommends that physicians in charge of cases of whooping cough shall, when the child is able to be out and about provide a letter "W" to be worn on the sleeve so that those with whom the child comes in contact will know the condition. Smallpox is about eradicated from the county.

Dr. Cunningham, city physician, and Jack X. Thomas, inspector of soda fountains and restaurants, have so improved the sanitary conditions of Birmingham that their work is showing in "vital statistics." Heretofore there was an enormous number of closets either in the kitchens of restaurants or sufficiently near to affect the preparation of foods. Already 48 of them have been removed.

The reports on the first of October give the birth rate as 19.20 and the death rate 12.24. Typhoid fever shows the largest number of victims.

Dr. Cunningham has recommended to the city commission that an ordinance be passed requiring all contractors when building nouses in the residence section to erect sanitary closets for the use of their workmen.

President P. G. Shook of the Chamber of Commerce, has appointed a standing committee to look after health and sanitation. The committee is as follows: S. P. Glass, chairman; Hugo L. Black, Colman Black, Rev. H. M. Edmunds, Dr. E. F. Hogan, members.

John Welmaker, a negro, was held at the county jail in default of bond of $200, under a charge of practicing medicine without a license

During October much food was condemned as unfit for use among which were fresh meats amounting to 10,513 pounds, over 200 pounds of sausage and more than 1,400 pounds of fish. Butter, shrimp, oysters, rabbits, and crabs were found in the lot. There was also considerable meat in cans.

The Alabama State Board of Health is depositing with a druggist in every locality Diphtheria Antitoxin and Typhoid Vaccine to be sold at remarkably reasonable prices. It is also furnished free for treatment of the indigent.

At Gadsden, Dr. W. K. Dean, a so-called chiropractor, who was indicted by the grand jury for practicing medicine without a license, was found guilty and fined $250.

The death rate in the city excluding those of non-residents was but 14.40 per thousand. The extensive clean-up campaign is responsible for the improvement.

ARKANSAS.

Members of the Rockefeller Hookworm Commission have opened dispensaries in the counties of Howard, Pope and Searcy. Dr. A. E. Campbell has charge of the work in Howard, Dr. T. M. Fly in Pope and Dr. T. B. Bradford in Searcy county. So far over 12 per cent of those examined are found to be infected. Dr. Bradford lectures at the public schools and distributes literature on the hookworm.

At Ft. Smith, Oct. 15, Dr. John C. Amis, aged 55, widely known as the "friend of the orphans," died at his residence. His last request was that the inmates of the orphan's home, whom he attended free of charge for 16 years, attend his funeral.

At Prescott the physicians have organized as the Nevada County Medical Society. Dr. T. J. Mendenhall, of Rosston, was elected president and Dr. W. M. Garner, of Sutton, secretary.

At Harrison, Judge Frank A. Youmans was compelled to postpone the October term of court owing to the prevalence of an epidemic of typhoid fever.

Dr. L. Gardner, formerly of Atkins, has moved to Russellville, where he will resume the pratice of medicine.

Secretary F. B. Young, of the State Board of Health, is notifying all physicians who have failed to send in their reports to the Bureau of Vital Statistics, that unless they comply with the law the penalty will be enforced against them. The penalty is a fine of not less than $5 nor more than $100, or imprisonment not exceeding sixty days, or both.

At Little Rock, Oct. 23, the first tuberculosis clinic of the Pulaski County Anti-Tuberculosis Society was held at the clinic rooms of the Medical Department of the University of Arkansas at Little Rock. Six patients were examined and prescribed for.

At Walnut Ridge, Oct. 19, Dr. J. C. Hughes was arrested on indictments charging murder in the first degree. The affair occurred in 1910 and was the result of a feud.

DISTRICT OF COLUMBIA.

At the University Club in Washington, Oct. 18, Dr. Harvey W. Wiley was inaugurated as presi-

(Continued on page xviii.)

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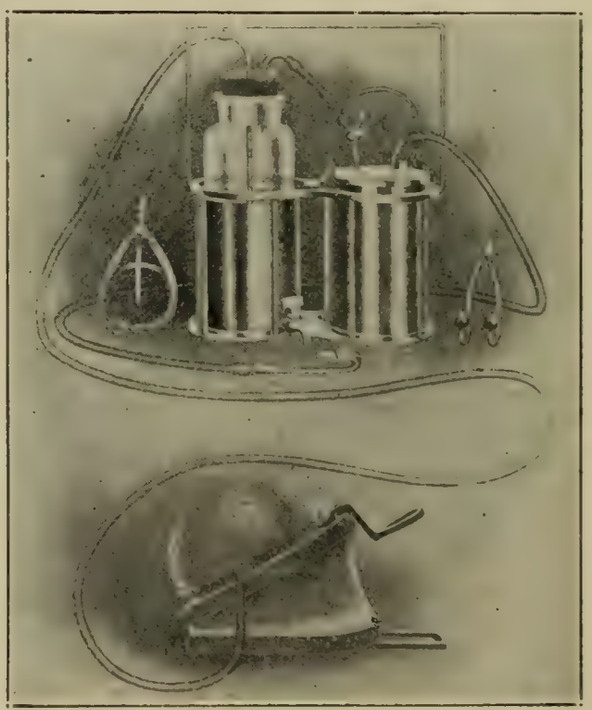

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(Continued from page 1000.)

dent of the National Oral Hygiene Association. It was his seventieth birthday. Dr. B. Merrill Hopkinson, of Baltimore, was one of the principal speakers.

Dr. Wiley, who has a farm near Bluemont, Va., has lost thirty-six fat hogs out of a drove of forty, from hog cholera.

Dr. R. N. Little, of 1213 East Capitol Street, who was sent to Vera Cruz as a member of the medical corps of the United States navy, has been relieved from duty in Mexico and returned to Washington. He says the government officials there in charge of sanitation are doing everything possible to prevent sickness.

On Oct. 27 a large number of delegates attended the meeting of the Medical Society of Virginia. Dr. William C. Gorgas made the speech of welcome on behalf of President Wilson. There was a reception and dance at the New Willard.

FLORIDA.

The Florida Federation of Women's Clubs has addressed an open letter to the state board of health protesting against the expenditure of $20,000 of the state health fund for the erection of a laboratory at Pensacola.

Dr. W. E. Diggitt, who for a number of years has been associated as assistant with Dr. J. Y. Porter, state health officer, has sailed for England to enter the military service, being a subject of the British crown.

At Tampa, W. J. Bailey, Chief of the City Sanitary Department, will lay off all but three men in his department for lack of funds. Thirteen men will thus be thrown out of employment.

Several physicians of Jacksonville have been swindled out of various sums of money by a well dressed white man about twenty-eight years of age, who calls himself Dr. J. D. Cooper, of Valdosta. His method is to claim to be a classmate of the victim or a family friend. When the acquaintance was established he would acknowledge to being a little hard up and would ask for a small temporary loan. His manner is so ingratiating that he was seldom refused.

At Jacksonville resolutions are now in effect making it compulsory that all pupils of the city schools recovering from communicable diseases must have a health certificate from the city health department before re-entering school. The object is to exclude diphtheria carriers. The disease is rapidly decreasing in the city.

At St. Augustine, Dr. H. R. Stout, a physician of Jacksonville, died at the home of his daughter, Mrs. A. O. MacDonnell, on Sarragossa Street. His death was the result of an automobile accident in Chicago about three months before. His age was 72 years.

At Miami the educational authorities have requested the Dade County Medical Society to recommend a plan by which school children may be inspected as to their physical condition.

Citizens of Miami complain that their health authorities allow the rugs and carpets of the large hotels to be beaten and swept in the open spaces adjoining streets, to the great annoyance of passers. They fear that a year's accumulation of dust in prominent hotels may contain the germs of communicable diseases.

GEORGIA.

When the grand jury of Ware county meets in December it will elect a member of the county board of health as required under the new public health law. The board will consist of the county school superintendent, J. R. Bourn; the chairman of the county board of commissioners, J. E. Wadley, and a physician.

Dr. J. W. Daniel, formerly of Malone, Fla., has moved to Whigham, in this state, to practice his profession.

Dr. E. L. Hill, of Winder, has had his license revoked by the state board of medical examiners. He was charged with the "habitual and excessive use of intoxicants." He had been on probation for several months.

At Macon the board of health has asked the city to investigate and put a stop to the sale of fruit and vegetables at the city market house, as the board does not consider it fit for such use. The council instructed the clerk to notify the market keeper to see that the evil complained of is abated.

At Savannah, Andrew Fitzgibbons and J. B. Bishop, of Atlanta, were arrested in the act of securing narcotic drugs by means of a forged prescription. Bishop is said to be a pharmacist and it is alleged that he forged the name of a prominent physician to the prescription. He confessed that he took forty grains of morphine a day; that he could stand sixty grains, but that he could do on ten grains without suffering. Fitzgibbons had similar habits but also used cocaine.

Milledgeville has been selected by the U. S. Government as a location for the study of pellagra because the records of the State Sanitarium located there, were the most accurate of any in the country.

The health report for the month of October, at Augusta, showed only one case of pellagra. There

(Continued on page xx.)

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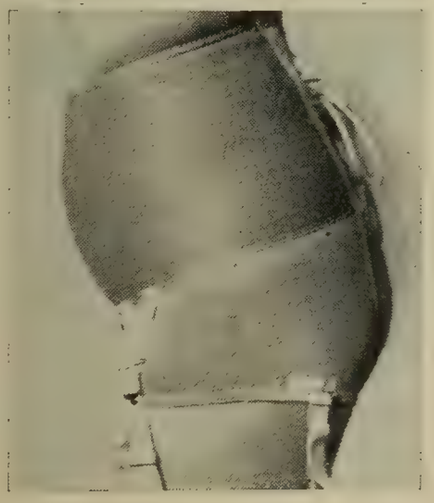

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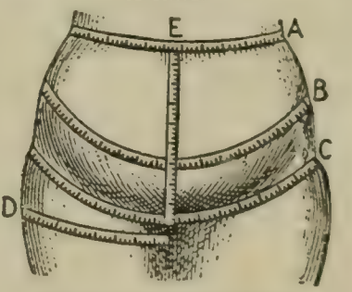

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(Continued from page xviii.)
were 16 cases of diphtheria, two of scarlet fever and eight of typhoid.

KENTUCKY.

An epidemic of diphtheria has broken out at Bennetts, Ohio county, and several deaths have resulted. The public school has been closed until the spread of the disease shall be checked.

At Owensboro, in October, the public health was better than it has been for many years. There was not a single case of contagious disease in the city. The condition is ascribed to the campaign against the fly, the excellent water service and the thorough cleaning up given the city through the agency of the civic clubs.

At Fulton there have been three deaths among children from diphtheria and all the city schools below the eighth grade have been suspended. No children under fourteen were permitted to attend Sunday school or church on Sunday, the 18th of October.

At Mt. Sterling an epidemic of typhoid fever prevailed throughout the county during October and there were a number of very severe cases. The mortality report has not been received.

At Campton, in October, the schools were closed on account of an epidemic of diphtheria. The same was true of Mayfield.

At Paducah, Dr. Harry P. Linn, city physician, urges parents to send their children to school, although some cases of diphtheria have been discovered as he is making a daily examination of all the pupils and they would therefore be better guarded than at home.

At Murray, Dr. P. A. Harte, county health officer, and Dr. Walter Johnson have been inspecting the schools and reporting the condition of the pupils to the teachers, who will notify the parents.

At Beech Grove, October 23, the school was closed because of an epidemic of scarlet fever.

At Louisville, Dr. S. A. Bradley promised to make exposures concerning the sale of unfit meat that would "wake up the public." Further information was given by Albert C. Koch, butcher, who had been sentenced to fifty days in jail and fined one hundred dollars for selling horse meat. He was also accused of selling dog meat as shoat. After his release he turned state's evidence.

At Rockport Dr. A. D. Park has been elected president of the Rockport Deposit Bank.

At Winchester Dr. Victor Combs is said to be suffering from a dislocated neck as a result of a fall. His condition is serious.

The school at Beech Grove, near Carrollton, was closed for awhile in October, on account of scarlet fever.

At Flemingsburg on the 21st of October, Dr. William C. Phillips was married to Miss Elizabeth Brym Ewan.

Word comes from Greensburg that late in October a malignant type of diphtheria, from which there were several deaths, prevailed in different parts of the county.

Dr. L. A. Blankenbaker, of Jeffersontown, was pinned under his capsized auto Oct. 25, and suffered severe cuts and contusions.

At Bardwell, Oct. 25, Dr. C. D. Shellbourne took a fatal dose of poison, and when his wife learned of it, held her so that she could not go for assistance until too late to save him. He declared that his life had been a failure.

LOUISIANA.

At Shreveport, Health Officer Chandler issued a bulletin requesting physicians, and citizens at large, to promptly report to the board of health all cases of chickenpox. The object is to prevent the spread of smallpox by erroneous diagnoses. Regarding fumigation for tuberculosis the health officer states that there are not enough funds for the fumigation of all houses where tuberculosis exists but wherever a tubercular family moved out of a house the whole house must be fumigated before a new family is allowed to move in.

Dr. Clarence Pierson, superintendent of the East Louisiana Hospital for the Insane, who has been frequently mentioned as a candidate for governor, was in Baton Rouge October 19 on official business. He declined to talk politics.

At Lake Charles on the night of October 23, Dr. A. J. Perkins was decoyed into the country by an urgent but fictitious call for medical assistance, and fired upon from behind by a would-be assassin, who was mounted and armed with a Winchester rifle. With a revolver he fought off his assailant until he could reach Mallard Junction, where he tied his horse to a fence and boarded passenger train No. 12. The Sheriff's officers are investigating the matter and have several clues.

At Shreveport, October 21, Dr. E. G. Allen, aged 58, a resident of this city for nearly 20 years, died at his residence.

New Orleans Item: On account of the discovery of thirteen cases of diphtheria among the pupils of Dannel School the school board has ordered the school closed. The school had been opened without the consent or advice of the health officials.

(Continued on page xxii.)

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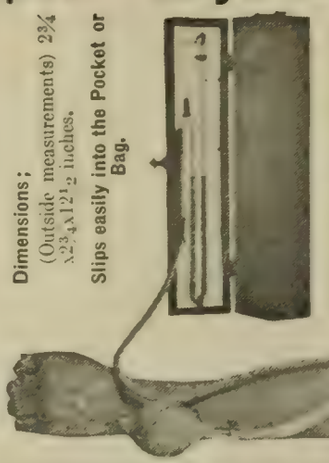

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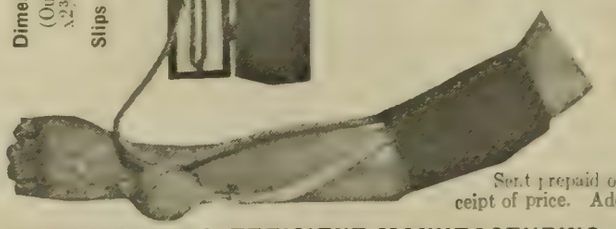

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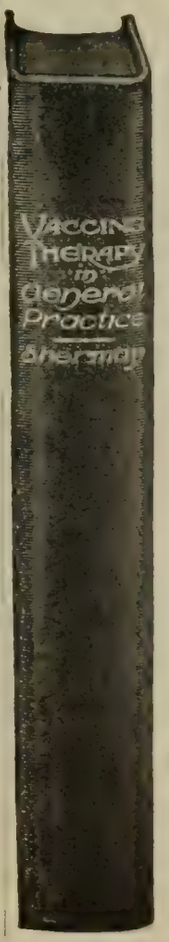

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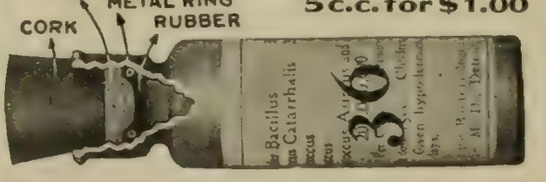

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(Continued from page xx.)

The quarantine against New Orleans imposed by Havana has been lifted. Dr. W. C. Rucker, of the U. S. P. H. Service, has discovered that in the building on Magazine St. where 40 out of 100 or more rats killed proved to be infected, there are still in the building many climbing rats, of which 14 were killed with spades and shovels in a very few minutes. There were sick rats and dead rats on the upper floors of this stable. The climbing rats differ from the Norway rat in color, being almost black. Thirty-five members of the rat-catching force have been discharged as no longer required.

The youngest plague patient on record in the United States was little Johnny Kearny, four years old. Dr. William T. O'Reilly, superintendent of the city health department and manager of the North Rampart Street Isolation Hospital, was more than pleased to announce, on the 10th of October, that the boy had entirely recovered and that for the third time since the outbreak the city was free from human plague.

Dogs have been found so useful, especially of the terrier variety, mongrel or not, in aiding the rat-catchers that at every station of the public health service such stray dogs will be hospitably received, cared for, and given an opportunity to distinguish themselves in catching rats. One lot of such stray dogs caught thirty rats in about as many seconds, thereby earning three dollars bounty money for the tender-hearted trapper, whom they were follwing because he had been sorry for them and bought a little food for them.

A derrick has been installed at the city laboratory for carrying up the barrels of dead rats instead of putting them in the elevator where their presence offended passengers. Only one infected mouse has been found thus far in all the city.

On the 26th of October the New Orleans' Post Graduate School of Medicine opened. A building at 135 South Rampart Street has been thoroughly remodeled and fitted up for the work.

Dr. Oscar Dowling has returned from a trip to Lake Itasca, above St. Paul. While there he "inspected" the Mississippi River at its origin, a stream so narrow that he straddled it while he gazed. He found there no impurities sufficient to warrant him in having its course changed away from New Orleans and the State of Louisiana.

MARYLAND.

Dr. Eleanor B. Wolf and Miss Rebekah Hoffman sailed for India in October for service in the Gunter Hospital. Before starting a special service was held in St. Paul's Lutheran church, at Lutherville, in honor of the two missionaries.

At Cumberland, in the latter part of October, the health officer reported the number of cases of diphtheria as increasing. He warned parents that every child that had a sore throat should promptly be seen by a physician.

Dr. Joseph E. Beatty, of Baltimore, died at his residence October 13. He was a surgeon during the Civil War.

Dr. William H. Buckler, of Baltimore, once prominently mentioned for the presidency of Johns Hopkins University, is said to be in France driving an ambulance for the Red Cross and his wife and daughter are also working for the same organization.

In Baltimore, Oct. 24, Miss Helen Mariene Spangler was married at the home of her father, 4003 Liberty Heights Avenue, to Dr. Firmadge King Nichols, of 535 N. Carrolton Ave.

The State Board of Health of Maryland, has closed 27 canning factories in the state during the season because of failure to comply with the legal sanitary regulations.

The Highland School, near Myersville, has been closed by the County Health Officer on account of an outbreak of scarlet fever in the immediate vicinity. A similar measure was necessary last year and the disease makes periodic outbreaks in that vicinity.

At Greencastle the board of health has been reorganized by electing the following officers: President, Dr. J. A. Keepers; Secretary-Treasurer, C. F. Fletcher; Health Officer, Ray Baumgardner. The other members of the board are: Dr. C. M. McLaughlin, Dr. C. M. Strickler and J. E. Whitmore.

In Baltimore, Dr. S. Butler Grimes committed suicide by shooting Oct, 26, at the residence of his father

In Baltimore, in October, Mr. George R. Jones, of 286 Roland Avenue, died as the result of taking barium sulphide, supplied by a drugist by mistake, for barium sulphate. The prescription read, "barium sulph."

MISSISSIPPI.

Dr. W. H. Rowan, Sanitary Inspector for the State, has tendered his resignation in order to become chief sanitary officer of Costa Rica.

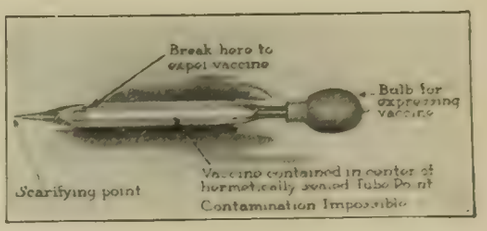
Dr. Joel C. Hall, of Anguilla, Miss., has been appointed Surgeon General of the United Confederate Veterans, to succeed Dr. C. H. Tebault, deceased, of New Orleans. During the Civil War he served as surgeon of the 15th and 17th (consoli-

(Continued on page xxiv.)

AN IMPORTANT IMPROVEMENT

Tube-Point Glycerinized Vaccine

The Mulford Tube-Point is the greatest advance made in perfecting Vaccine Virus.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Vaccine contained in center of hermetically sealed Tube Point
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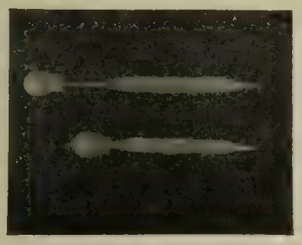
It furnishes a sterile point for immediate use.

It is made entirely of one piece of glass, which is easily sterilized; no joints to become loose and allow contamination of the virus.

The vaccine is hermetically sealed within the tube-point and cannot be contaminated.

The tube point is easy to use and does not suggest any cutting or surgical operation to the patient.

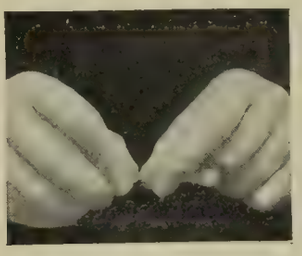


1. Place the rubber bulb over the small end of the tube-point, so that the end of the glass tube protudes through it.

2. Scarify with the point drawing no blood.

3. Break the tube inside the bulb.

4. Remove end of capillary tube from bulb.



5. Break off the point at the file mark.

6. Expel the virus from the tube directly on the scarified area by means of the rubber bulb and rub in virus with the end of tube.

Dr. J. N. Hurty, Secretary of the Indiana State Board of Health and an Ex-President of the American Public Health Association, commends our new tube point as follows:

"We are glad to receive your new vaccine points.
"I believe these points reach perfection. It may now be said that the vaccine administration problem has been settled. The idea is easily the best one yet invented. I shall distribute a few of these to some of our most active health officers, telling them where the point came from and recommending them.
"I congratulate you most heartily upon this advanced improvement over previous style-points."

This will be your opinion after vaccinating with the new tube-point. Sample tube-point mailed free on request.

Supplied in packages containing 10 Tube-Points (10 vaccinations), and in packakes containing 1 Tube-Point (single vaccination).

For a reliable vaccine, the preparation of which is surrounded with all of the safeguards that science has devised SPECIFY "MULFORD VACCINE TUBE-POINT."

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(Continued from page xxii.)

dated) Tennessee regiment, and as surgeon of Bates' brigade.

The Yazoo Sentinel says that a glance into the U. S. census reports and other vital statistics will refute the impression prevailing in some sections that Mississippi is not a healthful state. Statistics show, says the Sentinel, "the annual death rate of Mississippi to be 9.3 per thousand for whites and 13.00 per thousand for negroes." The paper thinks this comes as near immortality as will be found almost anywhere.

At Vicksburg the West Ward School was closed for one week in October on account of diphtheria. The city health officer was directed by the city commissioners to administer antitoxin free of charge to students who had been exposed to infection, if they should so desire.

At Jackson, October 27, Dr. Willis H. Walley, of Richton, was elected by the State Board of Health to succeed Dr. W. H. Rowan, resigned, as state sanitary inspector, the appointment to take effect November 15.

The quarterly report of Dr. M. J. L. Hoye, city physician of Meridian, shows that during July, August and September there were 58 cases of typhoid fever, 638 of malaria, 14 of smallpox, 43 of chickenpox, 13 of whooping cough, 6 of diphtheria, 74 of pellagra, 2 of cancer, 2 of hookworm, and 9 of pneumonia.

At Jackson on the first day of the Mississippi State Fair the members of the Hinds-Rankin County Medical Society appeared clothed in cotton overalls. They were kept in countenance by the fact that Governor Brewer, the city commissioners, and the state officials, including the members of the supreme court, wore cotton garments from morning until night.

The county health officer at Gulfport reports that in September among other diseases there were 4 cases of measles, 21 of typhoid, 3 of diphtheria, and 30 of pellagra.

At Biloxi after a visit by County Inspector B. F. Hood, a number of the business men were summoned before Judge I. B. Ellis and each was fined $5 and costs for violations of the state sanitary law. The particular offense was failure to screen fruits and meats exposed for sale.

NORTH CAROLINA.

At Raleigh, Dr. J. J. McCullers, county physician, states there has not been a case of smallpox in Wake county this season. There have been a few cases of scarlet fever.

The State Board of Health is installed in its new quarters in the old supreme court building on Edenton Street, where it occupies thirteen rooms and is served by a new elevator.

The fourth meeting of the school committeemen of Wake county was held in the auditorium of the Raleigh High School Oct. 10. Medical inspection of schools received attention.

At Elizabeth City, Oct. 16, all business was suspended during the funeral and interment of Dr. William J. Lumsden. The members of the Pasquotank County Medical Society were honorary pallbearers and two lodges of Odd Fellows attended in a body.

At Mt. Olive, Dr. C. F. Strosnider will relinquish his practice about December 1, and after taking some postgraduate work at Northern institutions will locate in Wilmington. He is a member of the Rockefeller Sanitary Commission.

At Wilmington probably the most complete set of regulations governing health and sanitation of any county in the State has been issued as the revised health code for the city and county. It was prepared and compiled by Dr. Charles F. Nesbitt, the county health officer, and edited by George L. Peschau, Esq., county solicitor. It contains twelve chapters and 165 sections, with a copious index.

At Asheville, Oct. 19, the members of Buncombe County Medical Society held their monthly meeting at "Crowhurst," the home of Dr. H. H. Briggs, near Swannanoa drive. The meeting was at night and on the lawn around a huge bon fire.

OKLAHOMA.

The jury of the Federal Court at Alva has found Professor H. Samuels guilty on eleven counts of using the U. S. mail to defraud. He sold a colorless liquid to be dropped in the eye for the cure of numerous diseases. The maximum penalty for each of the eleven counts is a fine of $1,000 and five years imprisonment.

At Muskogee, October 6-7-8, the State Board of Medical Examiners examined ten applicants for licenses to practice medicine, disqualified two for "cribbing," and licensed thirteen by reciprocity.

Out of the 1,050 inmates of the State Insane Asylum at Norman 250 have been transferred to the new asylum at Vinita.

Dr. R. H. Riley, formerly of Oklahoma City, is making a sanitary survey of Dorchester County, Maryland, for the Public Health Service.

At Woodville, while practicing for a football game, Dr. J. A. Rutledge sustained a fracture of the leg.

(Continued on page xxvi.)

WAR IN EUROPE IN NO WAY AFFECTING OUR WORK

ALL LACTOBACILLINE PRODUCTS SOLD IN AMERICA
ARE PREPARED IN LABORATORIES IN NEW YORK CITY

TENVI BACILLO LONGVM
LACTOBACILLINE
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(Lactobacilline Liquide)

BACILLUS (Metchnikoff) **B.** / INFANT CULTURE

Prepared under the direction and scientific patronage of Professor Metchnikoff and containing the strain of the bacillus Bulgaricus selected, studied and recommended by him for administration in medical practice.

This is the most effective form for the treatment of all intestinal ailments of bacterial origin in nursing infants and young children—infantile diarrheas, enteritis, marasmus, malnutrition, etc. The culture medium utilized in this preparation does not contain anything not found in the natural pabulum of a nursing infant.

THE USE OF THIS INFANT CULTURE RELIEVES THE PHYSICIAN OF ADMINISTERING TO A SICK NURSING INFANT A MEAT BOUILLON FOR THE FIRST TIME IN ITS LIFE

NO PEPTONE OR MEAT INGREDIENT IS USED *in the* MEDIUM *for* INFANT CULTURE

The above is but one of fourteen Products of Lactobacilline. When it was learned, after a specialized research covering a period of four years, conducted in collaboration with physicians of high standing, that the bacillus Bulgaricus should be grown in different media each especially adapted to the conditions of patients in different ailments, this Laboratory, the original producer of lactic ferments in this country, put up its preparations accordingly. This course has proved really a scientific procedure and a great advantage in several important essentials, as experience has shown, over the use of cultures incubated in only one medium, to be prescribed in any and every condition in which the bacillus Bulgaricus may be indicated.

The scientist whose researches and writings are being constantly quoted as the leading authority for the use of the bacillus Bulgaricus in medical practice is our scientific sponsor and personally stands as a guarantor to you of the Bacteriological Integrity of our work. This laboratory prepares for your use in practice only such pure and viable cultures as Professor METCHNIKOFF would use personally.

CORRESPONDENCE WITH PHYSICIANS SOLICITED

All Lactobacilline products are now being distributed in co-operation with leading ethical druggists in every city and town, who maintain them at the low temperature requisite to preserve viability of bacterial content.

THE FRANCO-AMERICAN FERMENT CO.

SOLE AUTHORIZED VENDOR IN AMERICA

NOS. 124-126 WEST 31ST ST. NEW YORK CITY

(Continued from page xxiv.)

Dr. C. E. Barker and Miss Viola Todd, both of Oklahoma City, were married October 7.

Dr. C. B. Barker and Dr. Pauline Quilline, both of Guthrie, were married in Oklahoma City, October 17.

Dr. J. E. Yarbrough and Miss Jennie L. Coffey, both of Erick, were married at that place October 4.

Dr. Walter E. Stewart, of Crushing, and Miss Ethel Hill, of Hattiesburg, Miss., were married at the home of the bride October 18. The doctor will move his practice to Guthrie.

Dr. Harry Sims, of Stigla, and Miss Louise Wilmons, of Ft. Smith, Ark., were married at the home of the bride October 8.

Dr. H. E. Breeze, of Henrietta, has recovered from a long illness due to malarial complications.

Drs. W. W. Woody, of Tulsa, and J. C. Taylor, of Chelsea, have returned from attending the Mayo clinic.

Dr. C. V. Rice, of Muskogee, spent part of October doing post graduate work in Chicago.

Dr. R. L. Kurtz, formerly of Neoza, Ill., has located in this state at Nowater.

At Shawnee, October 15, Dr. W. E. Henderson died at his residence.

Dr. W. M. Yeargan, formerly of Umpire, Ark., has moved to Soper in this state.

SOUTH CAROLINA.

At Four Oaks on Oct. 16, Dr. Benjamin Royal, of Morehead City, was married to Miss Annie McTyeire Adams.

Dr. B. F. Kaupp, commissioner of public health for Spartanburg, has resigned to become pathologist at the Agricultural and Mechanical College of North Carolina, at Raleigh.

At Chester, October 12, the physicians of the Fifth district organized into a medical society which includes Chester, York, Lancaster, Cherokee, Fairfield and Chesterfield counties. The following officers were elected: President, Dr. E. W. Pressly, of Clover; Vice-Presidents, Dr. Frank Ferguson, of Gaffney, and Dr. Samuel Lindsey, of Winnsboro; Secretary-Treasurer, Dr. George A. Hennies, of Chester. The initial meeting was held in Rock Hill on Wednesday, Nov. 18.

At Greenville, Oct. 20, the City Council authorized the purchase of 1,000 surface privy cans by the Board of Health and appropriated $100 to defray the expenses of a Greenville health exhibit at the American Health Association in Jacksonville, Fla. The cans were sold for one dollar each to persons having surface closets.

At Charleston, Health Officer J. Mercier Green and City Bacteriologist George McF. Mood, upon returning from their visit to New Orleans to study the plague situation, recommended to the Council that they adopt stringent ordinances for the rat-proofing of buildings along the water front.

Two additions have been made to the faculty of the Medical College of South Carolina this year. Dr. H. M. Manning, of the U. S. P. H. Service, who is now at the quarantine station in Charleston harbor, has charge of the department of tropical medicine. Dr. Sundwald, formerly of the University of Kansas, has been secured as professor of anatomy. The present is the 86th session of the College.

The site for the tuberculosis hospital was chosen Oct. 22 by a committee of five from the State Board of Health. The building will be located at State Park, on the east side of the Southern Railway tracks on what is known as the Goings' place. The cost will approximate $10,000.

The Lexington County Medical Society met Oct. 5 in annual session in the offices of the Secretary, Dr. J. J. Wingard. The following officers were elected for the ensuing year: President, Dr. J. R. Langford, of Swansea; Vice-President, Dr. W. A. Oxiner, of New Brookland; Secretary-Treasurer, Dr. J. J. Wingard, of Lexington.

At Newberry, Oct. 21, the Boundary Street School was closed by order of the board of health on account of diphtheria among the pupils. Six cases were discovered in the school. No other school in the town seemed to be infected.

TENNESSEE.

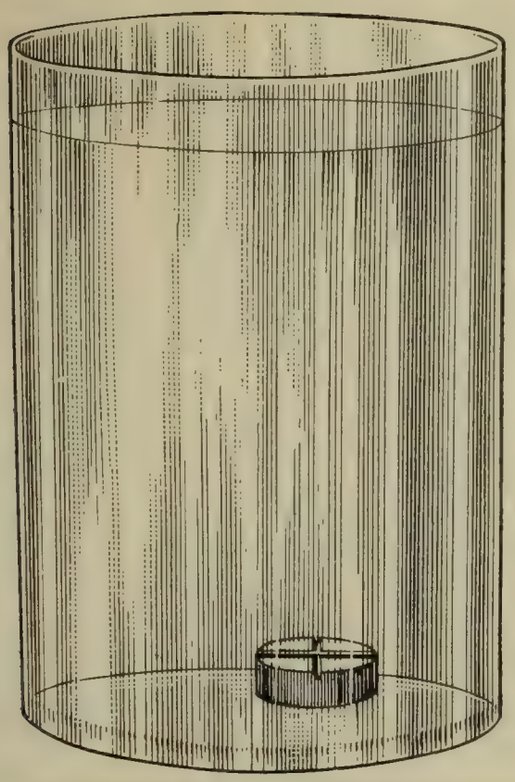
The State Board of Health has made sanitary and infection surveys in the counties of Middle and West Tennessee to determine the presence of hookworm, and of soil and of water-borne diseases. More than 73,000 microscopic examinations for hookworm disease are on record in its office.

At Chattanooga, Dr. Jesse Jones, county health officer, has conducted a systematic clean-up campaign. His first object of attack has been the hog-pen. The rules and regulations of the county board make it unlawful to feed hogs in pens in the suburbs of Chattanooga or any other populous community in the county.

Ambulance Company No. 1, State National Guard, has been located at Memphis, coming from Huntingdon. It is composed entirely of Memphis men, those from Huntingdon having resigned. Twelve ambulances and three field wagons composed the equipment. Dr. J. L. Morgan, ranking as captain, will be in command. Fifty recruits

(Continued on page xxviii.)

PTOMAINE POISON



Where the patient is suffering agony from ptomaine poisoning as a result of tainted food, place

ONE TABLET OF CHINOSOL

in one tumbler warm water.

Let the patient drink entire tumblerful.

It has many times been shown that this procedure counteracts the influence of the ptomaines and brings relief most promptly. Many patients now dead, might have been saved had physicians all known this valuable truth.

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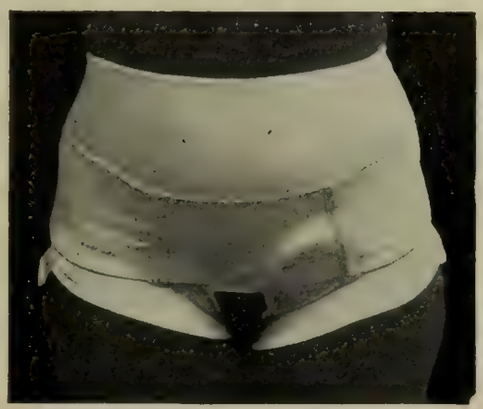

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3 Or that of any other person (not necessarily an assistant or agent)

4 All such claims arising in suits involving the collection of professional fees

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6 Defense through the court of last resort and until all legal remedies are exhausted

7 Without limit as to amount expended.

8 You have a voice in the selection of local counsel.

9 If we lose, we pay to amount specified, in addition to the unlimited defense.

10 The only contract containing all the above features and which is protection per se. *A sample upon request.*

The MEDICAL PROTECTIVE CO.
of **Fort Wayne, Indiana**
Professional Protection, Exclusively

(Continued from page xxvi.)
were accepted but medical students were not desired.

Incident to the representations of Dr. Cummings Harris, of the health department of Memphis, Surgeon General Blue has decided that a government research station for the study of diseases peculiar to the lower Mississippi valley shall be established in Memphis.

Commissioner H. Clay Evans, of the department of health declared, in the latter part of October, that Chattanooga was freer from disease than it had been in a decade. One case of acute pneumonia and two cases of diphtheria constituted the morbidity list at that time.

Dr. Luther E. Wheat, formerly of Brick Church, has moved to Cornersville.

At Westport Dr. W. G. Compton died Oct. 23, of blood poisoning. His age was 43.

At Jackson, Oct. 27, Dr. Joseph T. Phillips, aged 77, was found dead in his bed. He had been practicing in that county for over 50 years.

TEXAS.

The health car, in charge of Dr. O. H. Judkins, of Austin, after traversing most of the lines in the State, was laid off at Houston for minor repairs and will be kept in that city until some time in November. During the three weeks the car has been on the road thousands of people have visited it.

At Bay City, Dr. Phil E. Parker, who was accidentally shot by a fellow hunter, died at the Jones Hospital.

The Tarrant County Medical Society decided to prepare a list of interrogatories relative to medical inspection of schools, to the maintenance of the health board and the disposal of sewage in Ft. Worth. These questions were submitted to candidates for the various offices.

At Waco, Oct. 10, Dr. W. A. Blackburn, aged 49, died at the home of his friend, Dr. B. E. Bray, 1612 N. Fifth St. He had been in ill health for some time.

At Alpine the county health authorities have ordered a general sanitary campaign and recommended the boiling of all drinking water because of the prevalence of typhoid fever.

At Dallas, Oct. 14, Dr. Homer Simpson and Miss Ada May Cullom were married at the Oak Lawn Methodist church.

At Dallas, Oct. 20, Dr. Thomas Benton Spaulding, aged 74, died at the home of his daughter, Mrs. L. F. Barton, 4003 Bowser St. In the Civil War he served with the Fifteenth Regiment Louisiana Volunteers.

At Galveston the total registration at the Medical Department of the University of Texas was 205 before the final day of enrollment.

At Houston more than 2,000 persons were vaccinated against smallpox in the month of September. The City Health Officer, Dr. Green, was the victim of a fakir who went about the city selling useless filters on the plea that Dr. Green desired the people to purchase them because the water was swarming with typhoid germs. A housewife reported the peddler, whom she had promised to pay if he would return at 4 p. m. When he called for his money the officers were waiting for him.

Dr. H. C. Morris, aged 61, a resident of Galveston for the past 25 years, died in San Antonio Oct. 7. The remains were brought to Galveston for interment.

Dr. J. H. Barnett, formerly of DeLeon, has moved to China Springs to take charge of the practice of Dr. Young.

Dr. Elias J. Beall, aged 80, died at the home of his son, Dr. Frank J. Beall, on N. Ballinger St.

At Normangee the Leon County Medical Society has elected the following officers for the ensuing year: Dr. S. R. Burrows, President; Dr. Joe Rogers, Vice-President; Dr. V. L. Smith, Secretary.

At San Antonio the Fourth Court of Civil Appeals upheld the validity of the rule that children who attend the city schools must be vaccinated.

At Ft. Worth the Lunch Club has elected Dr. Henry V. Trigg, Chairman, to succeed Dr. W. C. Rountree. It was the first meeting for three months.

During the month of September there were 57 deaths from accident or violence in the state. Thirty-eight sets of twins and two sets of triplets were born. There were 4586 births and 1953 deaths. Tuberculosis claimed the most victims.

At Ft. Worth, Oct. 10, Dr. T. Madison Schooler was found dead in his bed in his office over a drug store. His age was 40. The verdict was "death from natural causes." He was unmarried.

VIRGINIA.

Dr. Cullen S. Pitt has been designated as physician to Richmond College and has been put in charge of the health arrangements for the students of Richmond and Westhampton Colleges.

Dr. William H. Moss, of Norfolk, was indicted in the United States District Court, Oct. 7, for fraudulently using the mails. He had been advertising in newspapers and receiving money for worthless medicine.

The Richmond News announces the destruction by fire of the home of Dr. S. H. Price, at Mont-

(Continued on page xxx.)

"KELENE"

(PURE CHLORIDE OF ETHYL)

DOCTOR: This advertisement is to catch your eye. What it says is intended to secure your interest.

FOR LOCAL ANAESTHESIA

Easily applied and with uniform action—Harmless, no matter how frequently repeated.

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STAFFORD WATER

Diuretic
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Water shipped in any quantity. Handled by all druggist.

Look for the "Red Heart" for genuine Stafford.

We have excellent hotel accomodations, rates reasonable. A week or two with us drinking Stafford will work wonders.

Stafford Mineral Springs & Hotel Co., Ltd.

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VOSSBURG, MISS.

(Continued from page xxviii.)

vale, physician and county treasurer of Bedford, on the night of Oct. 17. The loss was $8,000, partially insured. A train crew of the N. & W. furnished water from the locomotive that prevented the fire from spreading.

At Petersburg, Oct. 20, the Association of Seaboard Air Line Railway Surgeons elected the following officers for the ensuing year: President, Dr. M. L. Wood, of Montgomery, Ala.; First Vice-President, Dr. R. L. Harris, of Jacksonville, Fla.; Second Vice-President, Dr. Frank L. Escridge, of Atlanta, Ga.; Third Vice-President, Dr. W. A. McPhaul, of Lumberton, N. C.; Secretary-Treasurer, Dr. J. W. Palmer, of Airy, Ga. The next meeting will be in August, 1915, at Wrightsville Beach, near Wilmington, N. C.

At Roanoke, Miss Kerr, under the health department is visiting the schools and homes where it is thought necessary to take care of the diphtheria situation. Most of the cases isolated are carrier cases, taken from the schools and elsewhere.

At Richmond, Miss Agnes Randolph, executive secretary of the State Anti-Tuberculosis Association, addressed the Equal Suffrage League of Richmond, for aid in the work. She produced statistics to show that 4,800 people die in Virginia every year from tuberculosis.

At Richmond, Dr. Frank H. Hancock succeeds Dr. C. D. J. MacDonald as assistant health commissioner.

WEST VIRGINIA.

At Wheeling an epidemic of typhoid fever is affecting a part of Maple Avenue. Over fifteen cases appeared in a short time within a small area. It is supposed to be caused by drinking the water from a local well.

Dr. A. J. Noome was run down by an auto at the Standard garage October 17 and sustained a fracture of the thigh and other injuries.

Dr. S. L. Jepson, of the State Board of Health, distributed the fall bulletin about the middle of October.

On October 16 City Health Officer Dr. J. A. Streibich ordered the school rooms on 12th street closed and fumigated, as diphtheria has appeared among children attending at this building. Dr. Streibich is maintaining strict quarantine over infected premises, fumigating them after it is removed.

There are several cases of scarlet fever scattered about the city, but the health department is watching them very closely.

At New Martinsville regular services were resumed in the churches on Sunday, October 25, all fear of an epidemic of scarlet fever having passed away.

At Barnesville Dr. Robert Shearin died suddenly on October 9, at his office on North Arch street. He had only recently moved to that place from Cambridge.

At Caldwells Run, near Wheeling, Commissioner of Health, W. C. Etzler, found a case of contagious disease in a house, part of which was built outside of the city line. However, as the bed of the patient was on the city side, he placarded that side of the house. The back door remains free from obstruction by law.

At Clarksburg, Oct. 27, a school was conducted for the instruction of county and municipal health officers in their official duties under the supervision of the West Virginia State Board of Health.

Late in October the board of education in Bridgeport was considering the closing of public schools, as cases of diphtheria were becoming numerous.

CLASSIFIED ADVERTISEMENTS

Advertisements under this heading will cost 75c for fifty words or less, payable in advance. Additional words, 1½c each. An additional charge of 25c is made to those having replies come care S. M. A. All replies received in our care will be promptly forwarded. **Southern Medical Journal, Mobile, Ala.**

WANTED—Salaried position in reputable hospital or with a city practitioner by a young woman physician experienced in laboratory work, in general practice and in hospital management. Address 525-HAB, care Southern Medical Journal

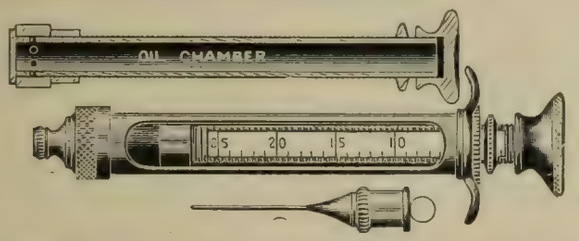
WANTED—I desire volumes one to five (years 1908, 1909, 1910, 1911, 1912), inclusive, of Southern Medical Journal. Willing to pay a reasonable price for same. Address DR. ELLIOTT C. PRENTISS, 515 Roberts-Banner Building, El Paso, Texas.

Would like to take charge of some physician's practice in Southern town for three or four months. Am well qualified in general medicine and can furnish best of references. Address 500-HS, care Southern Medical Journal.

FOR SALE—TEXAS—General practice of $3,000, established ten years, town of 700 population, near Houston and Galveston. Excellent shell roads in all directions; large territory, competition right; ten-roomed house; three-roomed office located on three lots one block from bank. I am offering the practice with the property for $3,000 cash and $1,000 in one and two years. The property is more than worth the price. References from leading men of Houston and Galveston if desired. Reason, wife's health. Address 475-C, care Southern Medical Journal.

Best method of collecting. The "advance fee" agency exposed. FREE booklet to any physician or dentist writing for it on his own stationery. Address NATIONAL MERCANTILE AGENCY, Inc., Munsey Building, Washington, D. C.

IMPORTANT NOTICE—The next examination for certificates of qualification to practice medicine in Alabama will begin on the first Tuesday of January, 1915 (January 5th), instead of on the second Tuesday as heretofore. The examination will be held in the Capitol at Montgomery. The registration book will be closed on January 4th at 9 o'clock p.m. Formal application made after arrival. W. H. SANDERS, Chairman State Board of Medical Examiners, Montgomery, Alabama.



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Put Red Cross Christmas Seals
on everything you mail or wrap—at home—at the office—at the store. Even *one* will *help*.

If you cannot buy Red Cross Seals in your town, write to American Red Cross, Washington, D. C., for as many as you want at 1c. each.

THE STORY OF TYPEWRITER SUPREMACY IS THE HISTORY OF THE

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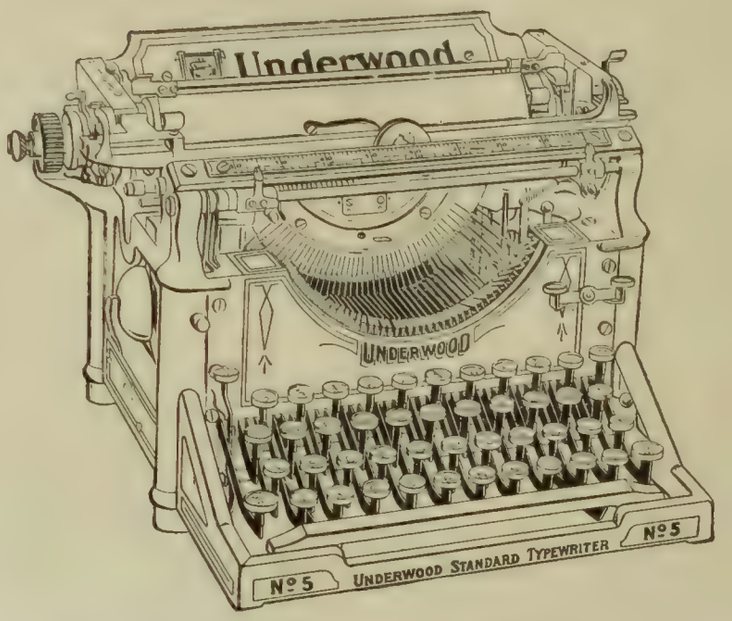

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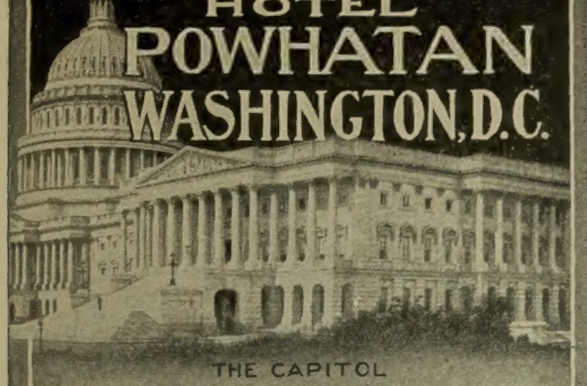

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Rooms, detached bath, $1.50, $2.00 up.

Rooms, private bath. $2.50, $3.00 up.

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Sodium Sulphate	50.005
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Sodium Chloride	2.503
Magnesium Carbonate	.352
Iron oxide and alumina	.016
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Total Solids	86.669

The water was excellent from a sanitary standpoint.

Respectfully submitted,
The Columbus Laboratories,
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$2.50 PER DAY A pleasant room with private bath, facing large open court.
(Not one room, but one hundred of them.)

$3.00 PER DAY An excellent room with private bath, facing Street, Southern exposure.
(Not one, but eighty-seven of them.)

Also attractive Room without Bath for **$1.50** per day. The restaurant prices are most moderate.

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Every line of transportation passes the door.
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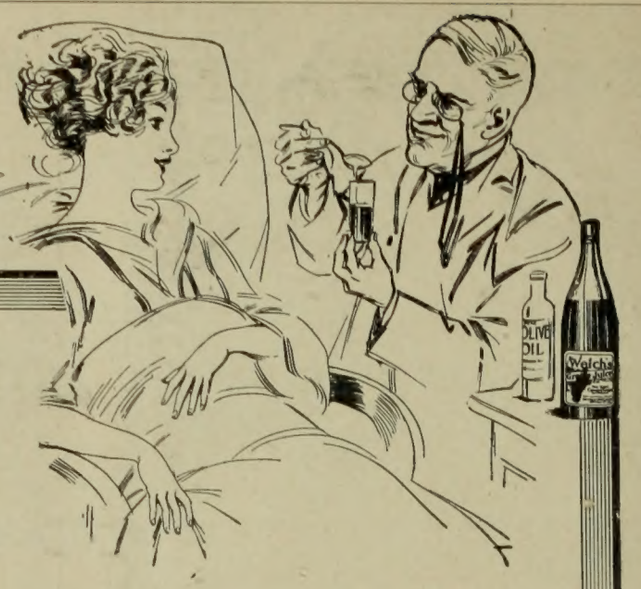
Said the doctor to a patient:

"So you find it impossible to take olive oil?



"Now, now! I didn't say you were to take it as though it were medicine; if you take it in Welch's you'll enjoy it.

"The way to make it taste good and do good is to take it in

Welch's
Grape Juice

"Just put three ounces of Welch's in a four-ounce glass, and add one or two tablespoonsful of olive oil. Be sure you get as good an olive oil as you get a grape juice when you get Welch's. Drink it before each meal, and you will never tell me again that you 'can't take olive oil.'"

We have some interesting literature that we are glad to send on request to any physician.

If you have never tried Welch's, say so in your request for literature. Give the name of your druggist, and we will have him deliver a sample pint bottle to your office.

Welch's is sold by all druggists.

The Welch Grape Juice Company - - Westfield, New York

We exercise the most scrupulous care in the manufacture of our

Pharmaceuticals

A bottle sealed from our laboratory is an assurance of quality within that would be hard to express in words; a trial only could adequately express.

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THE BEST ONLY

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